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TWO YEARS IN PARIS

BY

ETTIE A. ROUT

(Author of "SAFE MARRIAGE"—*Heinemann*).

This Record is printed and published by the Author in June, 1923.

LONDON ADDRESS:
ROUT, 28, QUEENSBOROUGH TERRACE,
LONDON, W.

"Some junior officers were discussing the possibility of reducing the amount of venereal disease among the troops, on which the old gentleman reminded us that syphilis was the 'finger of God.' I remember that I was never again invited to the mess because I could not help enquiring what the rest of God was like if one of His fingers was syphilis."

"*The Enemies of Liberty.*"
E. S. P. HAYNES (p. 105).

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PREFACE.

"As a rule a man's a fool." That is why he risks venereal disease. And why he needs to be told plainly what are the best v.d. preventives, where he can buy these, and how they are to be used. Under *The Venereal Diseases Act, 1917*, of Great Britain, persons who sell v.d. preventives are forbidden to recommend or explain them. But after twelve months' investigation, an unofficial Committee including:—

Lord Trevethin, *Chairman*,
Mr. C. J. Bird, F.R.C.S.,
Surgeon-Commander Reginald Bond, R.N.,
Dr. John Brownlee,
Professor Bulloch,
Dr. D. S. Davies,
Professor Dreyer,
Colonel Fremantle, M.P.,
Dr. Dorothy Hare,
Professor Kenwood,
Sir William Leishman,
Dr. F. S. Menzies,
Sir Frederick Mott,
Dr. Sequeira,
Sir Bernard Spilsbury,
Mr. Kenneth Walker, *Vice-Chairman*,
Mr. T. J. Tomlin, K.C.,

reached a unanimous finding, which was reported in the London *Times* of May 7th, 1923, as follows:—

> "This Committee is of opinion that the preventive drugs which have been recommended by medical authorities *are to be relied upon if used in a proper manner*. Further, they do not see why there should exist any restriction to to the purchase of these by the public."

The Committee also suggests that the Medical Research Council might be asked to investigate preventives to ensure that they will be thoroughly efficient. This suggestion I have myself anticipated. Some weeks ago I submitted samples of PROSELDIS supplies to Dr.David Thomson, The Director, The "Pickett-Thomson" Research Laboratory, St. Paul's Hospital, Endell Street, London, and I have the following certificate from him:—

> *"I have examined the effect of the Chinosol Tablets (PROSELDIS) on the Gonococcus, and I find that they are able to kill the Gonococcus by contact for one minute. The weakest dilution of pure chinosol solution which is sufficient to kill the Gonococcus by contact for one minute is one in four thousand."*

Chinosol preparations are equally efficient for the prevention of syphilis, etc. As this drug is non-irritating, stainless, odourless and a powerful antiseptic, it is peculiarly suitable for the *prevention of all forms of venereal diseases both in men and in women*. The public want v.d. preventives which, besides being efficient, are pleasant and soothing, and easily portable: and thus *acceptable* to both sexes.

A notice inserted at the back of this book details the special forms of *Proseldis Supplies* suitable for men and for women, and the prices that should be charged for them at ordinary chemists and druggists' shops. Readers of that notice will know exactly what to ask for and how much to pay. If they require any further information, they can write to me privately.

NOTE.—Since this was written the full text of the Report of Committee of Inquiry on Venereal Disease has been issued, and the following extracts refer to the efficacy of self-disinfection, and the need for spreading knowledge:—

"The extension of knowledge as to the nature of venereal disease and its consequences is of the first importance."

"In addition to the spread of knowledge, it is necessary that measures should be pursued which will diminish those conditions of life which tend to foster promiscuous intercourse and the spread of disease."

"We think that a man who after exposure is thoroughly and promptly disinfected, by disinfectants of appropriate nature and strength, runs little risk of infection. The chance of failure, however, increases rapidly as the interval between exposure and the application of disinfectants lengthens, and the conclusion seems to be that in syphilis such disinfection as mentioned above within an hour would generally be suceessful, and that in the case of gonorrhœa it has a prospect of success after a longer interval."

"We see no reason to doubt that an intelligent man, if furnished with reasonable instructions, could in favourable conditions effectively disinfect himself."

"It is urged by some that any system of disinfection would tend to increase the number of exposures and to raise the disease rate. We have received no evidence of facts in support of this view, and we are inclined to think that those who hold it attach too much weight to the deterrent effect of fear of disease."

"In face of the fact that disinfection in the case of an individual, if properly and promptly effected, will in all probability be successful, we do not think that there is any justification for putting obstacles in the way of individuals who desire to procure the necessary disinfectants."

"The law does not to-day prevent the sale of sheaths, which afford by mechanical means a measure of protection against venereal disease, and we think that the law should be altered so as to permit properly qualified chemists to sell *ad hoc* disinfectants, provided such disinfectants are sold in a form approved and with intructions for use approved by some competent authority."

"We think that properly and promptly applied disinfection in the case of an individual man would almost certainly prove effectual."

"It is extremely difficult for a woman to disinfect herself."

"The views and recommendations recorded above have been based on the existing medical knowledge as to the prevention and treatment of venereal diseases, and the Commitee realize that certain modifications might be called for in the *light of important new knowledge, of which there are indications.*"

One of the indications of new knowledge, to which I called particular attention when giving my evidence before this Committee of Inquiry last year, was that suitable self-disinfecting suppositories could be made for women, and that these would prove a most valuable means of protection.

The Committee recommend that the commercial advertisement of v.d. preventives should be prohibited; but as one not commercially interested in the manufacture and sale of these goods, I am able to *name them at the end of this book for the general information of the public.*

ETTIE A. ROUT.

28, Queensborough Terrace,

London, W.2.

June, 1923.

FOREWORD.

By Sir JAMES BARR, C.B.E., M.D., LL.D., F.R.C.P., F.R.S.E.
(Ex-President of the British Medical Association.)

Miss Ettie Rout has asked me to write a foreword to her book, "TWO YEARS IN PARIS." *I have much pleasure in doing so, as I was one of those who admired the splendid work which she did in the war in lessening the incidence of venereal diseases. Early in the war it was very difficult to get any reliable information about the ravages of those diseases. I had no objection to the War Office suppressing information if at the same time they were doing everything possible to suppress those diseases. Unfortunately the contrary was the case; even when there were many thousands out of the fighting line on this account, all that was being done was to give moral lectures to virile soldiers, lectures which merely stimulated their prurient desires, and informed them how they could be cured if they were unfortunate enough to contract disease. The soldiers soon learned that such diseases were not so deadly as German bullets, and moreover the respite thus obtained would result in cure, so that they would carry their lives but not their diseases home to their wives and sweethearts.*

The Royal Army Medical Corps was very successful in preventing typhoid fever, which in previous wars was more deadly than bullets, but in this war little or nothing was done officially to lessen the incidence of these terrible but very preventable diseases.

JAMES BARR.

Liverpool, July, 1923.

I.—INTRODUCTION.

As to Sex—Women must sell and Men must buy. That is inevitable under the present social system. The only way to abolish mercenary intercourse is to establish the Economic Independence of Woman. It is mainly poverty which drives women into immorality—inability to purchase the necessities and comforts of civilised life. Sometimes Disease is responsible for the immorality, for Syphilis damages the mind and character —turns otherwise healthy babies into mental and moral deficients. Can such grow into virtuous citizens? As well ask men to gather figs of thistles!

Chastity is natural to all healthy men and women. But chastity is a positive—not a negative virtue. Chastity is sexual intercourse between those who love one another; unchastity is sexual intercourse between those who do not love one another. Continence is a negative virtue of no practical value to the race, and beneficial or harmful to the individual according to the conditions under which it is exercised. Ultimately we must all stand by what we DO rather than by what we DO NOT. For a healthy woman to give herself sexually to a healthy man without Love—that is Vice. For her to refuse herself to that man when there is mutual love and desire—that is Sin. Vice is something which harms only Ourselves: Sin something which harms Society. To quench Love is to cramp—perhaps to extinguish—Life Itself.

As to the equal standard—morality always was and always must be different for men and for women: that is a law of Nature dependent on the difference in physiology. Apparent equality can be brought about only by lowering Woman's standard to that of Man's—as in the present day. This is inflicting almost irreparable damage on the race. For Woman is the natural guardian of sexual virtue. According to the way in which she gives or withholds herself, the race evolves, stands still, or deteriorates. Poets and Philosophers render profoundly valuable service when they extol female virtue. Scientists err if they do not realise that the race evolves and can evolve only by the fastidious sexual selection exercised by Woman.

As to constancy—that is natural and inevitable to those who really love one another. Promiscuous or casual relationship with strangers is a nasty, dirty habit—devastating to personal health and happiness. Whenever a man or a woman indulges in sexual relationship without Love—humanity loses something more precious than rubies. Such sin can be cast

at only by Love. Marriages of convenience and all other forms of mercenary intercourse, are wrong, indecent, unnatural, anti-social. Romantic, passionate, highly-selective, mutual Love is the only justification and reason for Sexual Intercourse —and is its natural limitation.

But the full and proper expression of the natural impulses of humanity is impossible under present social conditions. There is disharmony between Sexual Need and Economic Provision: hence immorality. And Immorality is a social disease which feeds and grows upon itself.

Morality having been falsely based mainly on Fear collapses when Fear is removed. And Birth Control Knowledge and Knowledge of the Prevention of Venereal Disease have largely removed Fear; hence tend to destroy—not Virtue, but the spurious Morality based on Fear. The result at first for women may be an increase in loveless relationship: men probably are as they were—excepting that they have intercourse with a larger number of different women. More women being sexually available, Faith and Constancy are endangered —disaster looms over Happiness and Health.

The remedy lies partly in changed social conditions, and partly in the hands of Woman Herself. She must cease giving herself when she is not in love, and cease withholding herself when she is in love. And men must be faithful to the women they love. That is the only way to evolve Women like Angels and Men like Gods.

By Love we mean God-like-ness. And Cleanliness is next to Godliness.

II.—PARIS, 1918-1919.

In 1915-1916 I was in Cairo—Alexandria—Port Said—and The Desert. Early in 1915 prophylactic measures were successfully applied to the Australian Forces in Egypt. Later, owing to clerical hostility, military laxity, and the evacuation of large numbers of troops from Gallipoli into Egypt, prophylactic measures were dropped. Everywhere Venereal Disease then got quite out of control, reaching its highest point in April, 1916, in spite of a big social welfare effort. There was no safety—except in the Desert. But slowly control was regained by the development of disinfection. At Port Said Anzac Rest Camp, where there were thousands of Anzacs, there was practically no disease for the last half of 1917. Cairo and Alexandria still levied a heavy toll on the health and efficiency of the Army.

In 1917 I came to London—that was worse: almost unbelievably worse. Then came Paris—Faith at its lowest ebb: Hope slowly dawning after weary months of practical study on the Boulevards and tramping from one Tolerated House to another. The problem was NOT insoluble. There was no necessary connection between Vice and Disease. The Venereal Diseases were *dirt diseases*—not diseases of immorality at all. Make and keep men and women *clean*—and there would be no disease. Vice and Sin there would still be: but Disease, No: suitable antiseptics, even common soap and water, could obliterate the microbes with almost absolute certainty. Even when men were immoral there was no *need* for them to become diseased. If they did—it was their own fault. Either they should have avoided the dangerous contact or *cleansed themselves instantly.*

But how appeal to a soldier to mind his health on leave when daily on duty he was risking his life? For himself he was beyond caring. He might even welcome the rest of the Isolation Hospital after the horrifying ordeal of the Firing Line. But one appeal never failed to touch the soldier—*the Appeal on behalf of his own women and children.* For their sake many a man imposed total sexual abstinence on himself year after year of lonely exile. But for others, differently constituted, this was impossible. For them—women were simply *indispensable.* And such men were in the huge majority. Certainly the number of girls willing, and more than willing, to cater for their sexual desires, was abundant: girls who were often the daintiest, prettiest little creatures imaginable—not simply attractive, but altogether delightful: beautiful to look

at, soft to touch: ready to play and sing and dance—of course, the men darted after them like children after butterflies!

"Why do the English call us unfortunate women?" one sparkling fairy asked me. "I think we are very lucky—to have so many soldiers."

Continually I had to warn the men that ALL these girls were dangerous: it could never be otherwise.

But both parties were excited, provocative, full of the joy of life—all the lust and gust of youth. Behind the soldier many months, even years, of filthy discomfort, weary monotony, nerve-racking noise and ever-present death: in front of him the supreme relief of sexual intercourse—and a few crowded hours of glorious life.

No wonder the troops said plainly—they had not come down to Paris to go to church!

But the problem was—HOW TO KEEP THEM CLEAN? To keep them continent was impossible in the great majority of cases.

III.—PURITANS.

Obviously nothing effective could be done without the co-operation of the women associated with the soldiers—particularly the co-operation of the Joy-Girls. But when I tried frankly to secure this I found the Road to Health blocked by Social-Uplifters—particularly by the virulent Puritanical variety: the most poisonous form of organic life. And the female of the species is more deadly than the male. "Serve them right!" was their sole comment on the Problem of the Infected Soldiers. Whether they were too stupid or too cruel to think, even occasionally, of the future sufferings of thousands of Innocent Wives and still more Innocent Children, who can say? They simply shut up their faces and closed up their minds and hardened their hearts, and refused to discuss the matter at all. Even the arguments of Patriotism—that the venereal diseases were damaging the health and efficiency of our Armies, and thereby prolonging the War and lessening our chance of victory—left them unmoved. Because of their blind hostility and prejudiced opposition, how many thousands of young men were needlessly sacrificed in the Black Days of 1918? Forgive this crime against Life—if we can. Forget it—we never shall! Yet pity these well-meaning criminals—we must. "*They know not what they do.*" And, alas! how often their only virtue *is* their Virtue. That is the horrible fact. Thus it comes that Total Sexual Abstinence, except in wedlock, is the Be-all and End-all of their morality. Those who cannot afford to marry, those who in War are torn asunder from their wives and families, no matter what their mental and physical needs may be, must sacrifice themselves on the Altar of Self-Immolation.

Believe this and be saved; believe not and be damned.

Talk to the Social-Uplifter of the Joy-Girl, and she says: "Unspeakable female!"—and turns a cold back.

Talk to the Joy-Girl of the Social-Uplifter, and she lets fall a drop of the serpent's wisdom: "Professional jealousy!"—and turns a gay front.

It is sometimes difficult to decide which of the two—the Prostitute or the Puritan—is the more mischievous and irresponsible. Myself I am convinced that the Good Women do more damage than the Bad Women. The Bad Women can be kept clean, and they will aid in the medical prevention of disease, as a rule. The Good Women won't. They use every effort to prevent the medical prevention of disease, on the ground that *Cleanliness is worse than Godliness.* Further, at the worst the Prostitute inflicts damage on the body, whereas

the Puritan inflicts damage on the mind—and the mind is more than the body. The Prostitute is a social rebel; the Puritan a social slave; and slavery may be worse for a Nation than rebellion. At any rate, the soldier chose the social rebel as his companion, and so again the problem was—CLEANLINESS.

NOTE.—It must not be assumed that Continence (the method of prevention recommended *for other people*) is without its own peculiar dangers and disadvantages. In the Annual Oration delivered before the Medical Society of London on May 14th, 1923, Dr. J. Walter Carr, C.B.E., M.D., F.R.C.P., Lond., F.R.C.S., Eng., Consulting Physician to the Royal Free Hospital and to the Victoria Hospital for Children, Chelsea; Emeritus Lecturer in Medicine, London School of Medicine for Women, points out that those who recommend continence are "usually either elderly folk who have probably forgotten that they ever had sex instincts, or worthy ladies who perhaps never developed them, or ecclesiastically-minded celibates." Dr. Carr sets out the following as

THE DANGERS OF CONTINENCE.

"We used to be taught that self-control, self-restraint, etc., were virtues to be cultivated and encouraged, that they strengthened and built up character and so on, but is this really so? In the light of modern knowledge is it not rather a fact that self-repression, especially sex repression, may give rise to a great variety of nervous disorders and be responsible for a vast amount of illness and inefficiency? The benefits conferred by prophylactic packets are likely to be not merely negative, in protecting guilty and innocent parties alike from the dangers of promiscuous sexual intercourse, but also positive, by preventing all evil consequences of repressed emotional instincts to which continent people are apparently liable if they do not succeed in completely sublimating their sex energy. Truly, if venereal prophylaxis attains the success hoped for by its sanguine advocates, it will lead to far-reaching consequences, more far-reaching perhaps than even its most enthusiastic supporters anticipate. With such wonderful potentialities for good, might not calomel and Condy's fluid, in an earlier stage of the world's history, have been justly worshipped in the temples of the gods as agents of almost untold benefits to suffering humanity?"

Thus, slowly and surely, it is being realised that—*our impulses are our guides*—that the foundation of health and happiness is not thwarted sex, but satisfied love. A social order based on sex-repression is necessarily unstable—and explosive! The volcanic eruptions in the Divorce Courts are merely the surface indications of the need for fundamental reform.

IV.—JOY-GIRLS.

Collecting a group of girls one day I showed them some little boxes of calomel ointment tubes and tablets of potassium permanganate. These had been bought with patriotic subscriptions sent specially to me, I explained; one English General's wife had given me quite large sums of money for the purpose, and I was spending my own and my friends' money too. It must not be wasted. Supposing I gave the girls these boxes——?

"Good!" they exclaimed at once.

But would they be used economically?

They said they would promise anything.

"Promises won't keep you clean!" I said.

"Ah, but these little boxes are good for us: good for the soldiers, too. Certainly we will come to you for them, and we will not waste them."

Ultimately we arranged that I should give our soldiers (the Australians and New Zealanders) two prophylactic packets—one for themselves and one for the girls; and the girls promised to ask the soldiers for these, and encourage all soldiers and girls to KEEP CLEAN. For if not, the soldiers could not go back and fight the Boche, and then Paris would be lost and they would be refugees.

"Exactly!" Then they would help to win the War by keeping our soldiers Clean and Well!

Indeed they would, they promised solemnly.

And they would try to keep clean themselves?

Why—of course!

And so together we worked out, quite simply and naturally, the following

TOILET RULES FOR WOMEN.

Before: 1.—Wash thoroughly before each connection. Use a little vaseline or calomel ointment. Or douche with disinfecting lotion.

After: 2.—Urinate immediately after each connection, and again wash thoroughly or douche with disinfecting lotion.

N.B.—Vaseline beforehand and soap-and-water afterwards is easy, cheap and effective in preventing venereal disease.

Thorough irrigation with douche-can and suitable antiseptic lotion is good once or twice a day.

3.—The following printed directions were issued:—

THE PREVENTION OF VENEREAL DISEASE

(Gonorrhœa and Syphilis)

AMONG WOMEN.

Both these diseases are easily prevented, but extremely difficult to cure, especially in women.

If the disease is acquired it will lead to life-long trouble to yourself, and pain and suffering to others.

Carry out the following directions, and the chance of your acquiring the disease, or of giving it to others, is very slight.

DIRECTIONS BEFORE CONNECTION.

1. Squeeze out about one inch of the ointment provided, and grease the parts on each side of the front passage, rubbing it in carefully between the lips of the passage.
2. Squeeze out another inch on to the finger, and, whilst in a sitting position, pass the finger well up the front passage as far as possible, and grease the passage.
3. Do not wet the parts before using the ointment.
4. The ointment is protective and its effects will last for several hours. The ointment is soothing and does not cause irritation.
5. If you have none of the special ointment with you, use lanoline ointment or vaseline in the same way. It will serve the same purpose, but is not so protective against disease.

DIRECTIONS AFTER CONNECTION.

1. Wash the parts carefully with soap and water.
2. Dissolve three of the tablets provided in two or three pints of warm water. Pass the nozzle of a syringe or douche up the front passage as far as possible and wash out the passage with the lotion you have made with tablets and warm water.

PREVENTION DES MALADIES VENERIENNES

(Gonorrhee et Syphilis)

CHEZ LES FEMMES.

Ces deux maladies sont faciles à éviter, mais extrêmement difficiles à guérir, surtout chez les femmes.

Si vous devenez victime de la maladie, vous mènerez une vie pleine de tourments et vous donnerez aux autres du mal et bien des souffrances.

Suivez les instructions ci-après, et le risque d'être prise par la maladie ou de la passer à d'autres deviendra très-faible.

AVANT LES RAPPORTS

1. Faites sortir par pression environ 2 centimètres et demi de la pommade fournie, et graissez-en les parties sexuelles de chaque côté de 'entrée, en frottant bien entre les lèvres du passage.
2. Faites sortir encore 2 centimêtres et demi de la même pommade sur le bout de votre doigt; puis, vous tenant accroupie, enfoncez le doigt aussi profondément que possible dans le passage et graissez le passage.
3. Ne mouillez pas les parties avant l'emploi de la pommade.
4. La pommade protège contre la maladie, et son effet protecteur dure plusieurs heures. La pommade est adoucissante et ne cause pas d'irritation.
5. Si vous n'avez pas cette pommade spéciale, employez de la même manière de la lanoline ou vaseline. Cela remplira le même but, mais ne protégera pas autant contre la maladie.

APRES LES RAPPORTS

1. Lavez soigneusement les parties à l'eau et au savon.
2. Laissez fondre, dans un litre ou un litre et demi d'eau un peu chaude, trois des comprimés fournis. Enfoncez la canule d'une seringue ou douche aussi profondément que possible dane le passage et lavez le passage avec la lotion que vous venez de faire avec les comprimés et l'eau chaude.

3. Dry the parts carefully and use some more of the ointment, as before connection.
4. This should be done as soon as possible after connection.
5. If you have none of the tablets, use a weak warm solution of permanganate crystals, or some other disinfectant.

REMEMBER : Every additional hour adds to the risk of infection.

Want of Cleanliness is the cause of most diseases .

Cleanliness is next to Godliness.

Be clean and go with clean people, and you will avoid disease.

Cleanliness prevents disease.

If you follow the foregoing directions you will save yourself and others from much pain, sickness and expense and

HELP TO WIN THE WAR.

REMEMBER that if you have disease, not only are you doing yourself serious harm by delaying treatment, but YOU ARE HELPING THE ENEMY by rendering our men unfit to fight.

3. Essuyez bien les parties et employez de nouveau de la pommade, comme avant les rapports sexuels.
4. Tout cela doit se faire aussitôt que possible après les rapports sexuels.
5. Si vous n'avez pas les comprimés spéciaux, employez une solution faible de permanganate en cristaux, ou quelque autre désinfectant.

N'OUBLIEZ PAS que, si vous attendez, chaque heure augmente le risque d'infection.

Le manque de Propreté est la cause de la plupart des maladies.

Properté conserve Santé.

Soyez propre et ne fréquentez que des gens propres, et vous éviterez la maladie.

La propreté empêche la maladie.

Si vous suivez les instructions données plus haut vous vous préserverez, vous et les autres, du mal, des souffrances et des dépenses, et

VOUS AIDEREZ A LA VICTOIRE

SOUVENEZ-VOUS que, si vous avez la maladie, non seulement vous nuisez gravement à vous-même en retardant le traitement, mais encore VOUS AIDEZ L'ENNEMI, en rendant nos soldats incapables de se battre.

For the rest, when the risk was long continued—all night, for example—they used various kinds of antiseptic suppositories in addition to other precautions.

V.—ANZACS.

The relations between the Anzacs and myself in Paris were those of mutual trust and affection, and personal service. They knew I had spared myself nothing to learn how to protect them, and I knew they would accept my teaching in the right spirit. Nominally all Australians arrived provided with prophylactics: actually, as a rule, they had none. I met the men on the railway stations, and gave them disinfectants immediately, or let them come to my hotel for these. Men on leave were supposed to be met at the station by the Army authorities, but the system broke down—especially after the Armistice. Men arrived at all times of the day and night, and after the Armistice most of those visiting Paris had no leave-passes, and hence stood clear of any official arrangements made for their benefit.

Train travelling in France in 1918 and 1919 was a fearful ordeal. The trains were packed, men had to stand up all night in the passages, and often the trains arrived many hours late —sometimes half a day or more behind time. Often no food was available at all . Thus, on arrival at Paris, the soldiers were exhausted, distracted, nervy, restless and reckless, and excited to the bounds of hysteria. *And Paris was electric*! Wherever possible I persuaded them to have a sleep first—the sense of quiet and security was often sufficient to put them into a deep coma for perhaps ten or twelve hours.

A wash, a shave, a meal and suitable advice as to hotels, sight-seeing, etc., then put each man in charge of Himself. Prophylactics were issued to them unofficially by myself, and the Supply Cupboard was shewn to them—where they could help themselves in future at any time of the day or night. I gave them address cards of a tolerated house which made clean and suitable provision for the normal sexual needs of men on Active Service Abroad. They left all their gear with me—including their money—it lasted very much longer that way!—and they came back day by day for what they needed. Thus each day, before they had a dip in their money-bag, I could make sure they had cleansed themselves, and give them fresh supplies of antiseptics where necessary. The Anzacs were perfectly good-tempered and nice-minded over these somewhat novel and arbitrary restrictions, accepting them with kindly tolerance and good humour, as for their own benefit: above all, for the benefit of their home-folks. The unforgivable sin, I always taught, would be for a man to go home and sow in the body of an innocent wife the seeds of disease he had picked up in foreign lands in moments of excitement and folly.

But some men's affections were not anchored on any one woman; some men lost their heads; and some got drunk—and forgot! Thus the importance of bringing them back often to our little "home from home" in Paris. Fifty francs a day was the highest amount a man would draw at a time from his own money, except on a special occasion; sometimes I had to help him make 50 francs spin out for a week in Paris—an achievement rendered possible by the free tours and cheap meals provided by the American Red Cross for all Allied Soldiers. It was Drink and Women together that wrought most harm: taken separately, they could be managed: together they were uncontrollable. On Armistice Night and the day after none of us had any sleep: I sat on thousands of pounds of the men's money, and uncounted paybooks, watches and other personal property. All Paris went mad. Then, as always, the police were a great help.

The English military police in Paris were nearly all experienced married men, and would bring home to me any Anzacs they found wandering about Paris—drunk or "broke" or out of bounds. Such were given prophylactics as a matter of course; had they been arrested in the ordinary way they would have become diseased whilst in prison or waiting for their escort. The police always carried prophylactic packets with them and my address cards, and often sent a speechless warrior home in a taxi with the card pinned on his tunic. Thus in Paris the usual vendetta between police and soldiers was in abeyance, and harmony was further promoted by an institution known as "The Jack Box"—a Police Mess Fund by means of which all Anzacs rendered unto Caesar the things that were Caesar's.

After the Armistice the British Headquarters promised me that the military police would not come to my hotel officially excepting on special orders. The arrangement enabled many officers and men to retain and secure their sexual health. The Barracks prophylactic station was no use to men without a pass, and all the Y.M.C.A. hostels were "dangerous": beds were booked only to duly accredited leave-men and a register of the names was kept. At our hotel all the beds were booked in my name, and I wrote the number of each man's room on the palm of his hand in indelible pencil before he left in the morning: a convenience to the forgetful and the speechless!

As shewing the peculiar conditions in Paris in 1919, and proving that it was PERSONAL PROPHYLAXIS and not OFFICIAL DISINFECTION that saved our men, I quote the following from the *Sydney Bulletin*:—

"Ettie Rout's story:—One of the very best friends the A.W.L.'s (Absent Without Leave) had in Paris in 1919 was General Price, G.O.C., British Headquarters. Once he asked me to meet him "for a friendly chat," and explained that he was rather troubled with so many Anzacs in Paris. If these men had not obtained passes before leaving Camp, couldn't they get them from Australian officers in Paris? I said, No, because most of the officers were also A.W.L., and lots of

them came down for a private medical examination at St. Louis Hospital, wanting to be sure of their health before going back to Australia and Maoriland. When the Prime Minister of Australia issued an invitation through the Paris edition of the *Daily Mail* to "all Australian and New Zealand soldiers in Paris" to dine with him, he was told by the A.P.M. (Assistant Provost Marshal) that the number was 258. Actually some 1,200 turned up. A deputation of fifty A.W.L.'s had explained matters to Mr. Hughes personally in the morning, so everything passed off smoothly. But it hardly seemed necessary that the principal toast of the evening should have been proposed by one of their number, who sought the assent incidentally of General Price to the proposition that no Aussie within a few francs distance of Paris could be expected to go home without visiting that Queen of Cities! Still, I don't think he quite came up to the gentleman who called on me one evening to meet his escort. He had been A.W.L. for a few weeks, and reported to the barracks drunk and completely "broke." The escort sent down from Belgium had lent him the wherewithal for two days' final flutter, and all had agreed to meet at my place. The escort failed to keep the appointment, and the "prisoner" being stony-broke, threatened fiercely to return to the Batt. on his own. I persuaded him to stay the night, and next morning the escort turned up, somewhat the worse for wear, and they all pushed off safely. But the prisoner maintained his air of injured innocence, and the escort seemed unable to shake off the notion that they were really the culprits."

During 1918 and 1919 I issued various circular-letters to the Anzacs, which were distributed personally by the soldiers, and frequently run through Battalion Orders by Commanding Officers. The following is quoted as a specimen:—

VENEREAL DISEASE AT HOME.

Memo. for Anzacs from E. A. Rout, 10/6/19.

A large amount of poison-gas is being spread in Australia and New Zealand regarding the "Importation" of V.D. by Returned Soldiers, and the following Facts are stated as an Antidote:—

1. V.D. existed in every part of the British Empire long before the War. For over twenty years medical men and others have been conducting the Anti-V.D. Campaign in Australia and New Zealand.
2. At the outset there was NO V.D. in the Anzac Army; at the finish there need be very little. During the War large numbers of Anzacs became infected with V.D. Who infected them? Civilian women.
3. There is far more disease among civilians than among soldiers, and the relative rates stand as follows:—
   a. The highest rate is among civilians at home;
   b. Next highest among soldiers in their own home-countries;
   c. Next highest among Overseas soldiers in England;
   d. Lowest of all among Overseas soldiers in France.
4. Speaking generally, the girl who marries a Returned Soldier has far less chance of contracting V.D. from her husband than the girl who marries a man who was rejected by the Army, or who did not volunteer.
5. Owing to War conditions, men and women at home and abroad have been less constant to one another—more promiscuous. The danger of infection increases in proportion to the number of contacts with DIFFERENT persons.
6. ALL women who indulge in promiscuous intercourse are temporary or permanent sources of infection, and ALL men who are inconstant act as spreaders of disease, unless disinfection is applied. Most soldiers take preventive or curative treatment: most civilians take neither.
7. It is more difficult to cure infected women than to cure infected men; the damage to the woman is much more serious. V.D. in women

means invalid wives, blind babies, crippled children, or no children at all, or children who are idiots and imbeciles. Yet civilians refuse to prevent, cure, or control disease among women.

8. In England there is no registration or instruction of public women, no medical supervision, no toilet arrangements, no disinfection, no exclusion of diseased women from abroad, no segregation of diseased women at home. Hence the women in England have infected far more soldiers than the women in any other country. In France it is different. Very little disease comes from the registered street women, and none at all from the licensed houses in the City of Paris. From the licensed houses of Cologne, floods of disease have come: the more the better—for Germany! There are more ways of winning the War than by killing soldiers!

9. In Charleroi, Lille, and elsewhere the Germans had isolated the infected women: the English failed to maintain the isolation. Licensed houses in Brussels and elsewhere were put out of bounds: the inhabitants walked out and conducted business in restaurants, etc., without proper toilet arrangements: Disease and Immorality now flourish everywhere. The Young Guards went down by the thousand. Why? Because of the Superstition that bodily diseases can be cured by moral remedies.

10. The Soldiers know and the Civilians at home deny that the following are the practicable means of preventing and extirpating V.D.:—
    a. Encouragement of social welfare and discouragement of alcoholism and promiscuous intercourse with "amateurs";
    b. Provision of ample means of disinfection, public and private;
    c. Compulsory notification, examination and treatment;
    d. Medical supervision of women who cater for men sexually.

11. The only way to teach the English people these facts is to KILL THEM, and they would rather die than face the truth. The N.Z. people are in much the same mental condition. Australia, with a stronger leaven of Scotch in her national make-up and being more Continental in her mental and moral processes: more cynical and quickly perceptive and hence more frank and truthful: has a much better chance of conquering the V.D. microbe. That chance will be lost if the Returned Soldiers fail to apply the Knowledge and Experience they have gained abroad. On their failure—the Rise of the Yellow Races is staked.

12. At a conference held in Melbourne in 1913 between leading medical practitioners of Victoria and the Council of the Churches, the following principles which must underlie the suppression of V.D. were laid down by the medical representatives:—
    "1. The complete separation of the moral from the medical problem, and the clear recognition of the fact that the world will not be rendered more or less moral by the abolition of V.D.;
    "2. The fact that the fear of the acquisition of V.D. is no effective deterrent to immorality; to such slight extent as it is a deterrent the advantages are more than counterbalanced by the wholesale infection of the innocent which goes on at present;
    "3. That as the organisms which cause V.D. grow almost exclusively in the genital passages of men and women, it is quite clear that the intelligent use of prophylaxis (disinfection) would in a very few years eliminate these diseases altogether; in fact, it is doubtful whether there are any other contagious diseases which could be eliminated with greater certainty."

    Colonel Sir J. M. Barrett, of Melbourne, is again attempting to get these principles accepted as a working policy, and every Returned Soldier should lend his active co-operation.

13. The opponents of these principles are the "Wowsers" (Puritans). Their first argument was that disinfection was "unreliable" and therefore spread disease; beaten on that, they swore than because disinfection was "reliable" it spread immorality. Their latest Mumbo-jumbo is that it is better to have more disease and less immorality. Similarly Colonial politicians abroad have contended that

if medical prevention was necessary to enable us to win the War, we ought to LOSE IT—*i.e.*, let the Hun variety of morality predominate!

14. The English, Australian and New Zealand Y.M.C.A. have agreed among themselves that Vice must be kept dangerous. They have tried to have closed the Blue-light Rooms in the Beaver Hut (Canadian Y.M.C.A.) and the Eagle Hut (American Y.M.C.A.) on the Strand, and elsewhere. Lecture halls built by the Y.M.C.A. with English and Australasian subscriptions are NOT available for medical lectures given with the authority and approval of the Military Authorities.

Thus the Anzacs have adopted and approved various measures for the maintenance of their health and efficiency far in advance of the Public Health Acts of Australasia; they have carried out those measures under the most difficult conditions and in spite of ignorant and prejudiced obstruction; and if, as Citizens, they are not permitted to carry on with these measures, and Venereal Disease spreads—as it certainly will—the Public will have nobody to blame but themselves. Certainly the blame will not lie at the door of the Returned Soldiers.

ETTIE A. ROUT.

The worst mistake made in Paris officially was not to provide prophylaxis for men on the railway stations *as they departed from Paris*. I woke every man up myself at 5 a.m. on the day of his departure by the early morning train, and made sure he was going back to his unit CLEAN. Usually they slept at my hotel the last night for fear of missing the train. As they came in, however late, I enquired as to their health. Eternal vigilance was the price of success. But how sleepy we were sometimes in these small hours of the morning! How cold it was waiting on the railway station! How late the trains arrived and how early they left! For months and months I averaged less than four hours' sleep per night; lost weight steadily; lost my voice; lost count of time—but never lost the sense of overwhelming danger and the incessant need to protect the men. So often they were quite beyond caring for themselves. War means that.

Even in 1918 the prophylactic arrangements of the British Army were in a shocking state. In 1919 they were worse than disgraceful. Generally speaking, the three British depots in Paris (the Americans had between 70 and 80 for their Paris Area!) were well conducted—excepting when "the Corporal" went away on leave and took the key with him, or the orderly filled up the tank with plain water. But many of our men preferred to look after themselves, and in 1919 they travelled about Europe a good deal—to Italy, Spain, Austria, Germany, etc., and all over France. And they were always short of official supplies.

The system of issuing disinfectants to men in the Line by the British Army authorities was of almost Perfect Inefficiency. It was weak, timid and feeble-minded; and the official and semi-official reports published about it during and after the War are, for the most part, false and misleading—facts and figures alike being muddled and misrepresented. Lord Astor's report in particular is a tissue of childish inaccuracies and deliberate half-truths that are worse than lies. There are lies, damned

lies, and official reports. Lord Astor's official report of August, 1919, condemns prophylaxis because of the alleged failure of

> "*The most carefully organised packet system such as exists now in the Army,*"

whereas every informed person knows that actually in the Army the "system" was not "careful"; was not "organised"; was not even a "system"; and frequently there were no "packets." Fat awkward-shaped little bottles of disinfecting lotion, sometimes without corks, or with corks that did not fit properly, were issued to English soldiers with no directions, and when some of the men *drank the lotion* the Army authorities laughed, and said it showed that personal prophylaxis was impossible. It did not. It showed how culpably stupid and negligent some Army authorities were, and how irresponsible were some of the officers appointed to give medical instruction.

As to calomel ointment, the British Army issued on the average one single treatment tube (i.e., *less than half a teaspoonful) per soldier per annum*, and then claimed that calomel ointment would not prevent syphilis—that nothing was any good except chastity! Men on leave to Nice and Rome, passing through Paris, were given *one single treatment tube of calomel ointment*—for fourteen or twenty-one days' leave! And there were no prophylactic stations available. I issued every Anzac going to Nice or Rome with ten or fifteen tubes of calomel ointment, a supply of pot. permang. tablets, and a pocket syringe; and in addition gave them prescriptions for further supplies of preventives to be obtained from chemists. These arrangements were made possible by private subscriptions, and by the *unofficial* help of British, Australian and New Zealand officers and men—particularly by the help of the Anzac Army commanders and medical officers.

The point to note is that the ordinary soldiers were able and willing to protect their sexual health once they were given efficient *PERSONAL* instruction and provided with adequate supplies of prophylactics. "Failures" were among those who had never been so instructed and so supplied. A man can't use a tube he knows nothing about or never had at all! Almost every Australian, New Zealander and South African who came to Paris during 1918 and 1919 received efficient instruction and supplies, and the result was that THESE MEN WERE THE CLEANEST SOLDIERS ON LEAVE IN PARIS. The English soldiers never had a fair chance, as compared with the Anzacs in Paris. They did not receive the vivid personal instruction; they had no supplies of prophylactics at all sometimes; in the camps they had been taught nothing at all about sexual cleanliness in most cases; there was wholesale concealment of disease; some men were treated in the Casualty Clearing Stations and otherwise, and such cases were skipped out of the official records of V.D.—just as to-day in England

soldiers are treated privately by doctors and in V.D. Clinics, and thus kept off the official military records. All through the War the English venereal campaign was one long series of humiliating compromises. A section of the so-called "religious" public in England is so benighted ethically that they really appear to desire to maintain Venereal Disease as a Material Hell into which to drop offenders against the Conventional Code. The modern form of torture is—first to poison the man with syphilis, and then poison his wife—syphilis, as a famous French doctor once remarked, being divided between husband and wife as the daily bread. In this way the twain are to be reduced to their knees with a Bible in one hand and a Little Child—probably syphilitic—in the other! The three are then brought to a Free Clinic where they are cured, or partly cured, at the public expense of a disease which could have been prevented altogether by CLEANLINESS at trifling personal cost.

As His Majesty the late King Edward asked: "If preventible, why not prevented?"

Because that would enable men to be immoral without suffering for it! Even the War itself was insufficient to quell the pious fury of those who would wreak vengeance not only on men, but on helpless women and innocent babies. More "Sunshine Homes for Blind Babies" they tell us are now wanted. Oh, no—*fewer blind babies, please.* But we cannot reach that goal till men and women are taught plainly to be SEXUALLY CLEAN. To the Man in the Street that is obvious, but to the Cleric—No.

> "Another instance of the result of the fixation of the brain cells," wrote Sir Arbuthnot Lane recently, "is furnished by the attitude which the cleric assumes towards many problems of life, as, for instance, the prevention of venereal diseases. The alteration in the arrangement of the cells which ensues upon a long period of religious contemplation would appear to unfit the brain to grasp a problem which appears perfectly simple and obvious to the average man."

The soldiers, however, troubled themselves but little about the views of the ecclesiastics—perhaps because a considerable number of Padres were alleged to be among the 40,000 or 50,000 officers and men of the British Army maintained *constantly* out of action during the whole of the War owing to Venereal Disease. The soldiers' view was that a man's body was his own, and he could do what he liked with it: so long as he wasn't spreading infection and illegitimacy—what harm was he doing? Fellows who spent a week in Paris without going with women were regarded as liars—or "unnatural blokes." As for putting the licensed houses out of bounds, why should those who didn't want to go to licensed houses be allowed to make the rules for those who did? *A man must go somewhere!*

But when it came to carrying out the simple rules necessary for the protection of their own sexual health and that of their families, I always found the soldiers ready, responsible and intelligent.

TOILET RULES FOR MEN.

The following were the directions I gave the Anzacs during the War, distributing these with prophylactics for men and for women (the directions for women being printed in French and English); this action was endorsed by all the leading British, American and French military and medical authorities, from the Commanders-in-Chief downwards, and the effort undoubtedly saved many thousands of men from damage and ruin:—

AVOID INFECTION.

If you become infected with V.D. the fault is really your own. Either do not risk infection at all, or, risking infection, take proper precautions. These are quite simple. If you take the following precautions WITHOUT DELAY you are very, very unlikely to contract disease:—

1.—Use vaseline or some other grease (such as calomel ointment) BEFOREHAND, to prevent direct contact with the source of infection.

(Note.—Any personal discomfort or unpleasantness grease causes is counteracted by the woman's having douched beforehand, as should always be done for the sake of cleanliness. A mere film of grease is sufficient to fill up pores of the skin, cover over abrasions, and prevent penetration of microbes, and it greatly facilitates subsequent cleansing).

2.—Urinate IMMEDIATELY after EACH connection to wash away all infective material, and to prevent the invasion of the urethra by the microbes of V.D.

3.—Wash thoroughly with soap and water, because ordinary soap is destructive to germs—of syphilis and of gonorrhoea—and bathe parts with weak solution of pot. permang.

You had far better carry a blue-light outfit with you as a "town dressing," in the same way as you would carry a "field-dressing." If you cannot get an outfit, carry a tiny bottle of pot. permang. lotion and a scrap of cotton wool. If you swob yourself CAREFULLY with this, you will not become diseased. Remember always IT IS DELAY THAT IS DANGEROUS. If there has been delay, use a syringe sufficiently large for the contents to flood the urethra and slightly distend it, so that every nook and cranny is cleansed.

Whatever you do, make sure of GOING HOME CLEAN. Be sure of your health, and doubly sure before you embark. While you are in the Army and on this side of the world you can be cured easily and privately. If you go home infected there will be embarrassment and expense to yourself and GREAT DANGER to the women and children you love.

GET CURED NOW."—(Paris, April, 1919).

It was clearly proved that so long as men took these simple precautions (which I always explained personally) they were very unlikely to contract disease; most cases of disease came from multiple connections with the women of the cafes, etc. It was difficult to impress on ordinary men's minds the fact that EACH AND EVERY CONNECTION WAS A DANGER; that the danger of infection began immediately there was any contact, and that it continued until disinfection, and was renewed as well with each fresh connection during the night. If the danger had continued for several hours in this way, the men were told to go to the medical depot or report to a doctor as soon as possible. When they did so, they were saved from disease in the vast majority of cases, even up to twenty-four hours afterwards or a little longer.

VI.—TOLERATED HOUSES, Etc.

The tolerated house system is certainly the safest way to protect both men and women from disease. Immoral women are less liable to abuses and dangers in properly inspected houses than in independent rooms, on the streets, etc. Men can be prevented from imposing disease and disablement on them; and the women are not exposed to the frightful purgatory of the winter pavements. Separated from their toilet appliances and exposed to all sorts of weather, I am very sure that women suffer more disease, disablement and death on the London pavements than in the Paris tolerated houses. I supervised one tolerated house continuously whilst I was in Paris, and from that house we had no disease spread either among the soldiers or the women. The women resided in their own homes, and merely attended from 2 p.m. to midnight; they were free to come and go as they wished; but must remain at home during periods of sickness. Prophylaxis was applied by both parties, as a matter of routine. The safety of the licensed house does not lie in freedom from disease—no informed observer claims such freedom for any immoral woman—but it does lie in the application of rigid rules of *personal cleanliness.* Men and women wash themselves thoroughly both before and after each act, and thus the *spread of disease* is certainly prevented.

The main defect of the system of Tolerated Houses, etc., is that there is apt to be more "etc." than "tolerated house." That is, the amateurs outnumber the prostitutes, and over the amateurs no effective medical control or supervision can be exercised. The cry then goes up that tolerated houses are "useless," and in Anglo-Saxon communities they have been abolished. But the effect of abolishing recognised public prostitution is to establish a much greater amount of unrecognised private prostitution—a worse evil. When this evil becomes sufficiently bad, a new effort is begun to regain the control which was abandoned in a misguided attempt to stamp out something which is an inherent part of the present social system. The evil of prostitution is rooted in an unconquerable physical requirement for which society at present makes no adequate provision. The zealot believes that by closing up the tolerated houses he can extinguish irregular intercourse: in fact, limit sexual relationship to legal matrimony. From the dawn of history to the present day, without a pause or a moment of obscurity, the prostitute has carried on her baleful activities: it is useless either to approve or to disapprove—one can only TOLERATE. Failure to do so simply lets loose a flood of

disease and immorality among classes of women who would otherwise have been immune.

Nominally in Paris during almost the whole of the two years I was there, the Tolerated Houses were out-of-bounds to British soldiers. Actually they were nothing of the kind. Paris was a French town, and under French military direction and control; and the tolerated houses were French property, and could not be discriminated against unless they damaged the health of the soldiers. They did not do so, and therefore they were exempt. I knew the women in the houses were comparatively safe, whereas the women in the streets were horribly dangerous, and I tried to keep our men away from the street girls as much as possible. Unofficially the British Headquarters in Paris agreed with this; therefore when I suggested the following arrangement it was readily accepted as a tacit working policy:—

1.—The British Headquarters did not know where the Tolerated Houses were;
2.—It was not their business to find out;
3.—They had no staff for doing so.

Thus the General Order placing the houses out-of-bounds became inoperative, except as a threat to the proprietors—failure to prevent disease, they were told, would certainly result in the closure of the house. Altogether there were about 500 tolerated houses and assignation houses in Paris, but not more than about 20 were used to any extent by the soldiers. (Many of these are now closed). As a fact, no matter what warnings the soldiers were given, the majority of them preferred to make their own selection from among the Joy-Girls on the Boulevards, in the Theatres, and elsewhere; and as practically all the hotel bedrooms were provided with suitable toilet appliances, and the soldiers carried their own prophylactics, we had less disease than might have been anticipated. Certainly on the whole the Paris girls set the soldiers a very good example in respect to personal cleanliness: on that matter, and on their success in making the men happy, the soldiers were unanimous in their praise of the Frenchwomen; and certainly the kindness of many of these women to sick men was beyond all praise, and a very considerable proportion of the "friendships" were quite unmercenary. Nevertheless, almost every case of V.D. came from the Boulevards—not from the Tolerated Houses. The English soldiers were told this, so were the Anzacs. And still the majority of the men went with the girls of the Boulevards. They said it seemed *more decent*. Certainly natural selection had greater play on the Boulevards than in the Tolerated Houses. Not many men limited themselves to the Houses alone; hence the importance of personal prophylaxis as well.

It is worth noting here that I had to put up notices, signed by myself, in the rooms of the Tolerated Houses, requesting our soldiers to permit the women to apply the sexual toilet precautions. The proprietors reported that the men argued:

"If the women are clean, why should we bother about disinfection? If they are not clean, we don't want to come here at all." It is on that fallacy that most attacks on Tolerated Houses are founded. The "safety" of the house does not, as already stated, depend on the absence of disease among the inmates and visitors—it is impossible to guarantee that: safety depends almost wholly on *mutual cleanliness.* Disease itself may exist, but *it does not spread.*

NOTE RE PORT SAID:

The following extract from letters written to me by Colonel P. G. Elgood, Base Commandant, Port Said, during 1917 and 1918, show that prophylaxis and the medical supervision of women operated in the same way at Port Said as in Paris:—

On December 31st, 1917, Colonel Elgood wrote:—

"Figures and facts have produced in me the conviction that in these abnormal days WE MUST RELY ON PROPHYLAXIS to fight this insidious malady. I have no intention of surrendering any of the police or medical measures which I have attempted to describe in the preceding pages, and the fact that troops are forbidden to frequent the Prostitutes' Quarter and yet in their Camp are provided with prophylactic treatment is an anomaly which does not deter me from advocating the employment of the latter. . . . In August of this year a permanent Camp of Rest was formed at Port Said for the Mounted Corps, Egyptian Expeditionary Forces. A large proportion of the men belonged to the Australian Imperial Force. . . . Up to date (December 31st) 9,282 all ranks have stayed in this Camp, some for a period of eight days, and others for fourteen, and individuals much longer. Venereal Disease infections have been carefully noted. THEY NUMBER THIRTEEN IN ALL, whether the malady showed itself in Camp, or on the return of the man to his Unit. . . . The numbers availing themselves of Prophylaxis have been 4,580, or approximately 50 per cent. of the men attending the camp. . . . Some men are deterred from visiting the Arab Quarter in consequence of the locality being out-of-bounds."

But actually in 1917 the out-of-bounds order was not strictly enforced. In 1918 it was enforced—with disastrous results! On April 9th, 1918, Colonel Elgood again wrote as follows:—

"A bad epidemic of typhus in the Arab Quarter compelled Major Day (Rest Camp Commandant) on his Medical Advisers' insistence—to issue stern instructions that Arab Town must be CLOSED TO TROOPS. Some men, of course, disobeyed, and thinking that the prophylactic tent would be used by the police to detect offenders (of course nothing so silly was done) these men risked also V.D. Result: many men have become infected. It's deplorable."

Nominally again, therefore, the licensed houses were out-of-bounds; actually the troops visited them; literally what we all did was *tolerate prostitution*—lest worse evil came upon us.

VII.—ST. LOUIS v. ST. THOMAS.

The patron saint of the French Hospital seems to have been a more tolerant and humane person than St. Thomas of London. Or should one say he was more logical and less outrageously virtuous? St. Louis's motto seems to be gaily to *face the truth*, whereas St. Thomas contents himself with solemnly *denying the facts*. At any rate, in view of the enormous number of V.D. patients treated in the year 1922 by St. Thomas, and the claims made that to cure or patch up developed disease is the most efficient way to PREVENT it, the following extract is interesting. It is taken from a brief treatise written in the year 1569 by W. Clovves, one of Her Majesty Queen Elizabeth's surgeons:—

"If I be not deceived in my opinion, I suppose the disease itself was never more rife in Naples, Italy, France or Spain, than it is in this day in the realme of England. I may speake boldly because I speake truly; and yet I speake it with grief of minde, that in the Hospital of St. Bartholomew, in London, there hath been cured of this disease by me and three others, within five years, to the number of ONE THOUSAND AND MORE. I speake nothing of ST. THOMAS'S HOSPITAL, and other houses about the citie, wherein AN INFINITE NUMBER ARE DAILY CURED."

And St. Thomas still goes stolidly on baling out the Atlantic with a teacup decorated with a text, as an old medical friend of mine would say, and charging the public for his delusions and theirs! In Paris it was different. Every medical officer at St. Louis Hospital was most enthusiastic in commending medical prevention. The prophylactic packets were magnificent, they said! They would tell the Boulevard girls about them. The idea of having the Directions for Women printed in English and French—so that the soldier knew what the woman ought to do, and she herself knew too—it was superb! Everything they could do to help me they would. Two of them went round to a number of tolerated houses with me, and explained our wishes to the proprietors and the prostitutes. Later, one of them—Dr. Jean Tissot—made himself entirely responsible for helping me. He did blood tests for any Anzacs I sent to him at St. Louis Hospital; he took them over the wonderful collection of wax casts for which St. Louis Hospital is famous all over the world—showing the effects of venereal disease on the different organs of the body; he attended twice a week at my Hotel voluntarily to offer advice and help to the soldiers—nothing was too much trouble; and Australia and New Zealand both owe profound gratitude to Dr. Gendron, Dr. Tissot and other St. Louis Hospital doctors for the kindness and skill which were ever freely at the disposal of the Anzac soldiers in Paris during the whole of the War. Last year Dr. Tissot sent me the following letter regarding my work in Paris:—

(*COPY*).

"I, the undersigned, a doctor of medicine, specialising in venereal diseases, late house surgeon of the St. Louis Hospital at Paris, certify that during the years 1918 and 1919 I was in constant official and military communication with Miss Ettie A. Rout.

"Miss Ettie Rout during the war was a real guardian angel of the Anzacs. Her devotion to them was admirable, and she worked her very hardest to give them during their leave the comfort, happiness and amusement that other soldiers obtained at home. From the point of view of Prevention of Venereal Disease Miss E. A. Rout has done wonders. She was the first to organise a permanent service of Prevention of Venereal Disease at Paris, and the French and American services, which were started later, owed very much to her great experience. For a year she controlled a tolerated house, and during this period there was no venereal disease either amongst the women or the soldiers who frequented it.

"In other respects at Paris, tolerated houses are very carefully inspected by specialists, and it is very rarely that visitors contract venereal disease, for the women are very clean and regularly visited.

"I am delighted to be able to acknowledge the extraordinary devotion and keen insight which Miss E. A. Rout has displayed during her visit to Paris during the war, for by her care she has saved her country many thousands of sick men and blighted children."

9, Rue de Berne, JEAN TISSOT.
Paris,
12th September, 1922.

I yield to none in my admiration of the provision made for treating diseased persons at St. Thomas's Hospital, but if St. Thomas had only a little more of St. Louis's unswerving mental courage and clear vision would there be quite so many patients to treat at all? And if St. Louis had more of St. Thomas's patient seriousness—would there be quite so much needless immorality in Gay Paris?

Perhaps this brings us to the inner meaning of it all—that in sexual health matters the world needs *French Law and English Administration.* That would combine Vision and Strength—Grace and Dignity—Charm and Sense—Joy and Truth—and in the end—*Beauty and Duty*!

Not less but more Pride and Courage are required by St. Thomas: the scientific Courage of the XXth Century.

"Happily," wrote Dr. Lothrop Stoddard recently, "our civilization possesses two great advantages over past times: scientific knowledge and the scientific spirit. To us have been revealed secrets of life our forbears never knew. And to us has been vouchsafed a passion for *truth* such as the world has never seen. Other ages have sought truth from the lips of seers and prophets; our age seeks it from scientific *proof*. Other ages have had their saints and martyrs—dauntless souls who clung to their faith with unshakable constancy. Yet our age has also its saints and martyrs—heroes who can not only face death for their faith, but who can also *scrap* their faith when facts have proved it wrong. There, indeed, is courage. And therein lies our hope. . . .

"Most of us are still more or less under the spell of the past—the spell of passion, prejudice, and unreason. It is thus that ideas and ideals clearly disproved by science yet claim the allegiance of multitudes of worthy men. The dead hand of false doctrines and fallacious hopes lies, indeed, heavy upon us. . . . Mighty as is the new truth, our eyes are yet blinded to its full meaning, our hearts shrink instinctively from its wider implications, and our feet falter on the path to higher destinies."

"*Truly the facts are not pretty. But we had better face them—lest they face us, and catch us unawares.*"

VIII.—AMERICAN RED CROSS: FIRST AID STATIONS.

The work of the American Red Cross in the medical prevention of venereal disease in Paris and elsewhere was of far greater value than the efforts made by any other organisation—official or unofficial. In the January—March, 1918, quarter the venereal rate in the American Expeditionary Forces stationed in and around Paris ran up to *over* 480 *per* 1,000 *per annum*! That is to say, the Americans were becoming infected at the rate of nearly HALF their total number in the year. As this followed on a very much worse venereal rate for the American soldiers who had been unlucky enough to be stationed temporarily in England (nearly all the members of some American units became infected at Liverpool, and thousands of Americans were poisoned on the streets of London) strenuous medical efforts were made in Paris; and towards the end of 1918 the rate was continuously about 100 per 1,000 per annum for the Paris Area, and much less for other American Areas in France. Altogether between seventy and eighty Prophylactic Stations were established in the Paris Area by the Americans—officially and unofficially. The places established by the American Red Cross were called "Dispensaries," and from there medicaments were issued and treatment given for all kinds of complaints. Hence men visiting the Dispensaries were not "ear-marked" as venereals. A valuable Manual was printed and published by the American Red Cross for the American Medical Service in 1918, and the prophylactic tube was described and recommended as one method of preventing disease. I received as free gifts from the American Red Cross large supplies of prophylactics—disinfectants in bulk as well as tubes of ointment—which were of priceless value to the Anzacs, for the British supplies were, in 1918, very short and sometimes entirely absent. The thousands of interesting tours and trips arranged for all Allied soldiers by the American Red Cross—free of all cost to the soldiers—were also of great value in helping to maintain social welfare.

But the most valuable contribution of the American Red Cross—and in this matter they were joined by the American Y.M.C.A.—was the permission given for the military authorities to establish prophylactic stations in all the Hostels and Canteens controlled by these bodies. The English, Australian and New Zealand Y.M.C.A.s refused point-blank to have disinfecting pots in their hostels; and therefore the permission granted the Army by the Canadian and American Y.M.C.A. and by

the American Red Cross in this matter was doubly useful. The policy of the American Army was PROPHYLAXIS, and Commanding Officers were definitely told in orders that "no laxity or half-hearted efforts in this regard will be tolerated." No such plain, straightforward statement was issued to British Officers. There was something almost Chinese in the wooden fatalism of the British "policy"—so-called.

As showing the essential difference between the straightforwardness of the American attitude and the muddle-headed futility of the British, the following circulars may be contrasted:

(1). Issued by the British (New Zealand) Y.M.C.A. in the Field, France, 1918, to soldiers going on leave to London:—

"Unfortunately London swarms with women, many of them hopelessly diseased, who live by trading what we have been taught to regard as woman's most sacred possession. These women are well-dressed, well-spoken, and display a remarkable interest in colonial soldiers—a purely mercenary interest, however, as they know that colonial soldiers are well paid. It is good advice to avoid these women, but difficult to follow when the matter has to be decided on the streets of London. Somehow or another, the reaction after life in France seems to render reason and self-control ineffective. But this matter is important, vitally important, and no man should go to London without having first prepared himself for what he will be up against. Think it over in your calmer moments BEFORE you get to London, and allow every impulse of home, of love, and religion to have a fair chance in determining what your actions should be. *The problem is made much more complex by the issue of preventives, though experience has proved that their use does not always render a man immune from disease.* It would appear that by issuing these things the military authorities advise illicit sexual relationship as necessary to the health and the retention of manhood's functions. Such is not the case. On the contrary, the military authorities used, and still use, every moral force in advocating continence. The extreme step of issuing preventives has been taken because of the alarming spread of venereal disease. Hundreds of our men have been rendered unfit for service through this scourge. But the issue of these things has now placed a terrific temptation in the way of hundreds of our men who hitherto have kept themselves clear of public women. So prominently is the matter now put in front of them that it does not require much imagination to realise in what direction a man's thoughts run, and the decisions he must make. But if medical science can do a lot to stem the spread of venereal disease, it can never do away with the moral aspect of the situation. Illicit sexual intercourse stands condemned by all the laws of God and the experience of history, and the only safe plan is to cut it out altogether, and by the help of God this can be done."

This circular the Anzacs considered to be mostly hot-air and eye-wash—of little or no value at all to soldiers, but probably useful to the Y.M.C.A.—for their subscribers! I protested officially against the circular being issued, because it tended to sow doubt in the men's minds as to the efficacy of the self-disinfecting packets bought and issued by the New Zealand Army authorities. As the men were arguing that V.D. must be very bad or the Government wouldn't have spent so much money on preventives, and some of them brought back the packets unused at the end of their leave—its effect bein to act as a reminder of danger rather than an incentive immorality—it was melodramatic nonsense to talk about plac "a terrific temptation" in the hands of good young men. E

if medical prophylaxis did fail sometimes, in the han drunken man, e.g.—*Had moral prophylaxis never fa* Wasn't the "alarming spread of venereal disease" a pr of that failure? What was the use of pretending tha War could be run on the lines of "IN HIS STEPS," and "WHAT WOULD JESUS DO?" War was a reversion to jungle-life—and jungle morals. Let the Church dodder and prattle as it might about the "spiritualising" of the Nation through War. The common soldiers knew that the nation and every individual—including themselves—were being "brutalised" by it. Enough of this piffle about the Baptism of Blood! Daily, men were being broken in body, broken in spirit, broken in character. It was only to be expected. It could not be helped. It was part of the price of War.

(2). Circular issued by the American Y.M.C.A. to the American Expeditionary Forces, with the approval of their Commander-in-Chief and Chief Surgeon:—

"Promiscuous intercourse frequently results in disease which (1) may destroy the health, military efficiency and manhood of the individual; (2) may be communicated to the wife and children, and cause much suffering, sterility, chronic invalidism, and disabilities, such as blindness, feeble-mindedness and paralysis.

Control of the sexual passions is secured:

By a full use of leisure time with vigorous athletics, games, reading or study.

By abstaining from alcoholic liquors which weaken will power.

By the elimination of vulgar talk, obscene pictures and books which stimulate the sexual appetite.

By avoiding association with lewd women whose false affections, if accepted, lead to physical danger and moral degradation.

By co-operation with people who are working to make life pure, wholesome and safe.

By maintaining your self-respect and holding up a high ideal of the powers and privileges of manhood.

When a man through drink, bad associates, or a loss of moral stamina, is overcome by his passions and exposes himself to venereal disease, HE SHOULD AT ONCE MINIMISE THE PROBABLE EVIL RESULTS TO THE ARMY, TO HIMSELF, HIS FAMILY AND SOCIETY BY OBEYING THE MILITARY REGULATIONS CONCERNING PROPHYLACTIC TREATMENT."

The last paragraph the soldiers considered to be plain horse-sense; as to the first part—well, of course, the Y.M. had to say that! There was a lot of truth in it, but—sometimes any woman was better than no woman. Most men were built that way. But they were quite willing to use calomel ointment —*for the sake of the women and children at home, they said.*

Later the precepts and practice adopted by the American Red Cross were put into experimental application in the United States—particularly in Pennsylvania, where a large number of Prophylactic Stations were set up. But these were found of very limited usefulness: perhaps they were not sufficiently well camouflaged. More successful results are reported from the

the AMERICAN STATIONS set up in Berlin and elsewhere. These policy all sorts of advice and treatment as to health, accidents, ma., and would seem to be most suitably placed in the Toilet Rooms connected with Railway Stations, and on Docks and Wharves, etc.

But in various letters I have received from Dr. S. Leon Gans, M.D., Director of the Division of Venereal Diseases, Pennsylvania Department of Health, United States Public Health Service, it is definitely stated that the Department regards personal prophylaxis or self-disinfection as "the only feasible plan." "The plan of operating stations in this State is not feasible, as pointed out some time since." They were given a trial for a time after the War—mostly in public or semi-public hospitals; but the policy for the last two or three years has been the advocacy of immediate self-disinfection and the authorisation of suitable packets and printed directions. Some little time ago the Director wrote me as follows:—

"I am to add that we have taken the stand, as you know, that the personal prophylactic package is of value in the prevention of venereal disease, and its use is therefore officially approved by us. At the present writing we are contemplating a very definite drive on this means of prevention, in the belief that the results to be obtained over-ride any ethical or moral considerations."

The War Department at Washington also issued some very sensible and practical statements, in the course of which there is the following:—

"Prophylaxis is a measure of disinfection which is provided solely to protect exposed men from the results of their folly and to save their services to the Government. It is not in any sense an expression of approval by the War Department of illicit intercourse. Its use appears to reduce the liability to venereal disease among those exposed to about one-third of what it would be without prophylaxis."

In other words, reliance on "moral prophylaxis" alone gives us at least three times the amount of venereal disease we have when disinfective measures are provided even incompletely. For the clear demonstration of this piece of knowledge the whole world is indebted to the Health and Medical Services of the United States of America, and to the American Red Cross.

IX.—INNOCENT VICTIMS.

"Syphilis of the Innocent"—what a contradiction in terms that will sound to the uninformed! To those of us who *know the facts*—what a fearful tragedy it spells! From a book published in 1922 by the United States Interdepartmental Social Hygiene Board, Washington, "A Study of the Social Effects of Syphilis on the Family and the Community," with 152 Illustrative Cases, by Harry C. Solomon, B.S., M.D., and Maida Herman Solomon, A.B., B.S., of the Boston Psychopathic Hospital, I take the following:—

MOTHERS AND CHILDREN:

Case 16.—Emil infected his wife with syphilis. The first pregnancy was terminated by a miscarriage; the second child lived five weeks; the third and fourth—both boys—had congenital syphilis, were mentally deficient, had defective vision; the younger boy was also deaf. The fifth pregnancy resulted in a child who died at five weeks. The sixth was apparently normal at 11 years of age. The seventh child died at nine months. Thus seven pregnancies gave only three children, two definitely feeble-minded, with defective vision and physical inferiority, and only one apparently normal child.

Case 27.—Jennie's mother had syphilis. Both Jennie and the other daughter had juvenile paresis, with paralysis and dementia, and were certain to eventuate in early death.

Case 34.—Bertram infected his wife with syphilis. The first child was a blind syphilitic who died of marasmus at the age of five months. The second child was a living syphilitic.

Case 38.—Francis (age 15) had been in an institution for the blind since about 7 years of age. This boy was blind as a result of congenital syphilis.

Case 40.—Albert became blind at the age of 5 years. He was placed in a school for the blind but was incapable of making progress, and it was found that in addition to his blindness he was feeble-minded. The blindness was definitely caused by congenital syphilis, as was probably the feeble-mindedness.

Case 41.—Lucia was brought to the hospital by her teacher because of headaches, pains in her back and defective vision. Examination showed that she was a congenital syphilitic. Her visual difficulty was due to syphilitic choroiditis.

Case 42.—Louis was the second living child in a family which showed the ravages of syphilis to a very marked extent. The mother had syphilitic cirrhosis of the liver. The first pregnancy was a miscarriage, the second was a child who died at five weeks, the third was a boy who showed innumerable symptoms and stigmata of congenital syphilis, including Hutchinsonian teeth and interstitial keratitis (eye trouble). Then came Louis, who was followed by another child who died at five weeks; the sixth (a boy) was retarded mentally; the last child died at nine months. Louis was completely deaf at 15 years of age; had syphilis and was feeble-minded; was partially blind. He had Hutchinsonian teeth and in addition to the deafness he gave evidence of involvement of the vestibular portion of the eighth nerve, staggering and swaying in his walk.

Case 68.—Ronald came to the hospital at 19 years of age with well-marked symptoms of general paresis, which had been developing for over a year. His oldest brother had acquired syphilis six or seven years previously. Just afterwards he had been sleeping in the same bed as Ronald. The conclusion was that Ronald acquired syphilis innocently from his older brother by a chance contact. Ronald himself was of exemplary character.

Case 72.—Patrick's son was syphilitic. His mother has had to take him to hospitals for treatment over a period of sixteen years.

Case 129.—Philip undoubtedly infected his brother by sleeping in the same bed with him when he was in a contagious stage of syphilis.

Case 130.—Frances N. had a lip chancre as a result of kissing her fiance.

Case 131.—Jack, a three-months baby, had a chancre on the eyebrow—it was thought the child was infected by a syphilitic relative kissing it. The father and mother were perfectly healthy.

Case 132.—A nursing baby was infected by an infant relative. The baby, in turn, infected the mother, who appeared at the Clinic with a breast infection which was diagnosed as syphilis.

And so one might go on quoting case after case of innocent infection—genital infection in marriage; extra-genital infection; congenital or hereditary infection. Altogether it is calculated that about 80 per cent. of the women who attend the Venereal Clinics are married women, and nearly all of these are innocent infections. Naturally ALL the children (practically speaking) are innocent victims.

The ravages of gonorrhoea are no less serious to the nation and to the individual—above all to women and children. Over half the women who go on the operating table for abdominal section are put there by gonorrhoea. For every one brought to operation there are many chronic invalids, made such from the same disease, spending painful, weary lives wondering why they have been so afflicted. It has been well said that syphilis plays no favourites with the organs and tissues of a woman's body. It paints her skin every hue of the rainbow; enters her mouth and leaves it a charnel house; makes a saddle of her nose; leaps on her scalp and makes a wreck of the crowning glory of her hair; touches her sparkling eye and leaves a stupid stare; plays with the mechanism of her brain and turns her into a simpering idiot. Its work done—what is left but "a rag and a bone and a hank of hair"?

That is the stake for which Science to-day is playing against popular ignorance and pious prejudice—the health and happiness of the nation—even its very existence. If Science wins, the last and greatest of the afflictions of humanity will have been overcome. If Ignorance and Prejudice win—the Truth will be crucified and Humanity doomed.

And apart from the floods of mental, moral and material anguish suffered by men, women and children individually, there is the loss of money suffered by the nation. As the venereal diseases are preventible diseases, and yet are being treated at the public expense, it is surely quite fair to regard the *taxpayers as innocent victims.* If they knew the facts they would say, naturally, that it was quite as moral to prevent disease as to cure it—*and much cheaper.* The following extract

from the Third Annual Report of the Ministry of Health for England, 1922, shows in part how the taxpayers are being robbed and misled:—

"During the year ended 31st March, 1922, the Department paid grants in aid of venereal diseases schemes amounting to £467,783.

"This sum includes £34,396 3s. 10d. paid to Boards of Guardians, and £11,700 paid to the National Council for Combating Venereal Diseases in respect of propaganda work approved by the Department.

"The total expediture incurred by local authorities in England in carrying out approved schemes during the year ended the 31st March, 1921, was £440,091.

"Owing to the exigencies of the financial situation it has been necessary to *confine any extensions* of the venereal diseases schemes during the year to those cases in which increased facilities were *imperatively required*. . . . . The amount which the Government have asked Parliament to provide for this purpose is £403,500. The authorities have been informed of the maximum grant available in aid of their venereal diseases schemes during 1922-23, the amount in each case being sufficient to enable at least the existing services to be maintained."

The Annual Report of the Chief Medical Officer of the Ministry of Health also states that:—

> "The financial stringency has prevented the possibility of much expansion of the facilities for treatment of venereal diseases";

and that

> "the premises are *rarely adequate for the effective carrying out of the work of the clinic.* The most frequent defect is lack of suitable accommodation for irrigation in gonorrhoea, and the intermediate treatment of women."

After this the worthlessness may be gauged of the claim that the figures for 1922

> "appear to support the view that there MAY BE some reduction in the prevalence of these maladies."

The position really is this: In 1919-1920 the rate of venereal infection was abnormally high, owing to rapid demobilisation of millions of men, expenditure of war gratuities and profits, abundance of leisure, a full diet and the "victory" spirit: now the rate of venereal infection is not so high, because of unemployment, poverty, low diet and general depression. To describe this as a "reduction of disease" is absurd.

And we must remember *that from half to three-fourths of the V.D. clinic patients disappear before being cured* —the majority of them probably dropping back into the community in an infective condition. And in order to lull the public into a sense of false progress, the official statistics are faked annually by eliminating from the records at the end of each year all the patients who would otherwise appear as a "debit balance" for the following year. This, of course, is politics. In commerce there are many bankrupts who have been imprisoned for long terms of years for far less serious examples of fraudulent accounting.

And officially no account is taken of the fact that, as is well known, *less than one-fifth* of the actual cases of Gonorrhoea are recorded at all by the V.D. Clinics; that there are thousands and thousands of sufferers being treated by incompetent persons—or not treated at all; and that part of the national cost of Venereal Disease must be sought in the balance sheets of institutions for the blind, the insane, the deaf, the dumb, the crippled—to say nothing of our consumption hospitals, infirmaries and gaols. The V.D. Clinic touches only the fringe of the Social Evil.

And it isn't as though we had not all been warned! In February, 1918, these words were written in the MANUAL OF MILITARY UROLOGY published by the American Red Cross:

"Last year one Army had 112,000 venereal patients" (they really had far more!) "who filled 18,000 hospital beds constantly. Fifteen hospitals were given over solely to the treatment of these cases. The treatment carried out at these hospitals is usually thorough" (experience has disproved even that!) "but much time is lost in getting the patient to the hospital for treatment, the expense of transportation is great, the patient remains in the hospital about six weeks, and several more weeks usually elapse before he is finally returned to his organisation at the Front. Authorities report that this plan is demoralising, that many soldiers have been known voluntarily to acquire venereal disease in order to get away from their commands" (which is afterwards quoted to prove the "failure" of prophylaxis!) "and that a premium is thus placed on getting venereal infection. Most important of all, SYPHILIS IS ONLY PARTIALLY TREATED; the patients are returned to the ranks with the probability of recurrences in a large per cent. of cases, and no adequate subsequent treatment is provided. One authority estimates that probably *over* 90 *per cent. of such cases of syphilis thus treated will recur.* Even if this estimate is too high, the picture of the thousands of cases of locomotor ataxia, paresis, and other late forms of syphilis sure to occur among these patients is HORRIBLE TO CONTEMPLATE."

As to the cost to the British taxpayers—it was *not less than half a million pounds per week from* 1914 to 1919—at least £125,000,000 all told. Each case of V.D. cost approximately fifty pounds—many of them cost far more; and there were at least *half a million fresh infections per annum.* But even this was actually lower than the V.D. rate for civilians—though the civilian rates are "concealed."

Turn again now to London. On July 2nd, 1920, Dr. J. H. Sequeira, M.D., F.R.C.P., F.R.C.S., Physician of Skin Department, and Lecturer on Dermatology and Syphilology, London Hospital, formed one of a deputation to the Ministry of Health to urge the necessity and importance of self-disinfection—the medical *prevention* of V.D. Here is the proof he gave of the prophecy quoted above from the American Red Cross Manual issued in Paris in February, 1918:—

"After the Armistice it was well known that there was a large amount of CONCEALED VENEREAL DISEASE in the Army. It was obvious that men would not run the risk of missing early demobilisation by reporting that they were suffering from V.D. Colonel Harrison demonstrated this (wholesale concealment) in an ingenious manner by what he called the 'Complication Index.' It was found that while there

was a drop in the number of cases of primary syphilis, which can be concealed, there was a rise in the number with secondary symptoms, which cannot be hidden. Similarly, gonorrhoea, in its early stages, was not reported, while the proportion of cases with epididymitis, etc., which incapacitates a man, increased in number. The scientific evidence of the Complication Index showed that a large number of men were being demobilized WHILE SUFFERING FROM GONORRHOEA AND SYPHILIS. The result was very soon evident in the civil clinics." The increase in male patients was over 90 per cent.; in female patients over 15 per cent.—the majority being MARRIED WOMEN. There had also been a marked increase in the number of chancres on the lips—contracted by kissing persons in a highly infectious state.

In his evidence given later in the year the same authority said:—

"The least efficient agency for preventing the spread of venereal disease is the Venereal Clinic. Medical treatment is only given to patients with declared disease. Thorough treatment renders a patient free from infection, but AT LEAST FORTY PER CENT. OF THE PATIENTS SUFFERING FROM SYPHILIS fail to complete the prescribed course. The majority of the persons suffering from gonorrhoea never attend a clinic at all, and the proportion who complete the prescribed course IS EVEN LOWER THAN IN THE CASE OF SYPHILIS. . . . THE NET RESULT IS HIGHLY UNSATISFACTORY. . . . I am in charge of one of the largest (of the V.D. Clinics) in London, and the patients who come to me are already infected. . . . A very large proportion of our patients LEAVE THE CLINIC WITHOUT COMPLETING THE NECESSARY COURSE, AND MANY LEAVE THE CLINIC STILL IN AN INFECTIOUS CONDITION. . . . THE SYSTEM IS A FAILURE."

X.—THE SALE OF SYPHILIS.

Syphilis is the most horrible of all poisons. It is not a dead poison, like Cocaine, *e.g.*, but a *living poison*—a poison which creeps insidiously from husband to wife, from mother to child, from brothers and sisters to each other; from one friend to another. Much we hear about preventing the Sale of Cocaine. Nothing about preventing the Sale of Syphilis! It is bought and sold and given away with the utmost freedom —inside marriage and outside marriage. We are Free-traders and Lovers of Liberty. The Union Jack must float over free and unrestrained venereal infection, and all of us must have liberty to take any liberty we like with the health of—Other People!

On the sale of the venereal poisons there must be no restriction: it is only on the *sale of the antidotes to these poisons that we must place our ban*! Morality demands it, for Morality must be based—not on the promotion of Virtue —but on the ruin of innocent women and children! That is the teaching of the Church! The House of Lords agrees. The Government approves.

"*I am not in favour of giving them* (disinfectants) *to the general public to make use of as they please,*" says Lord Gorell, as President of the National Council for Combating (but not Preventing) Venereal Disease. (House of Lords evidence, November 2, 1920.)

"A chemist does not commit an offence by selling any substance (disinfectants against venereal disease) . . . *so long as the substances are not sold accompanied by any written or printed recommendations or instructions as to use,*" says the Secretary to the Minister of Health in Circular 202 (31st May, 1921).

And it is claimed that the medical methods tested in the Army are a failure, and we must continue to rely solely on Early and Continuous Treatment *at the public expense* for disease which could very often be entirely prevented by the private expenditure of a few pence! So in England we now have about two hundred free Clinics and about four hundred medical officers, and in the year 1921 we gave 1,534,000 free treatments. When men and women and children in England are sufficiently diseased to be in pain or discomfort, they may come to the Free Clinic; when their pain and discomfort are relieved, they may cease attending if they wish even though they are not "cured": about two-thirds of them do so disappear, and the official calculation is that in the years 1919 and 1920 *some* 60,000 *patients disappeared from the Free Clinics before they had ceased to be a danger to themselves and to the community*!

What then?

Oh, the National Council holds an elaborate and expensive enquiry, and makes the following finding:—

> "*That if, notwithstanding the foregoing expressions of opinion, any general scheme of notification of Venereal Diseases is instituted, the responsibility for notifying the disease SHOULD BE PLACED UPON THE PERSON SUFFERING FROM THE DISEASE AND NOT UPON THE DOCTOR.*"

Thus a new principle in criminology has been discovered! The Burglar is to put himself under arrest; the Murderer is to hang himself; and the Diseased Prostitute who poisons the Young Man, who afterwards poisons his Wife, who subsequently poisons her own Child, who is then given free Early and Continuous Treatment by the doctor whose salary is paid by the General Public—is to sit down and tell God and the Ministry of Health all about it!

Should the Young Man be sufficiently responsible to enquire as to the means of preventing re-infection, the Ministry of Health tells him:—

> "It is the duty of all individuals who have incurred or think they have incurred, the risk of contracting disease, to cleanse themselves thoroughly and immediately, and thereby diminish the risk."

How? the Young Man asks. We refuse to tell you, replies the Ministry of Health. The best way to avoid risk, they say solemnly, is to avoid sexual intercourse: in other words, to avoid drowning, hang your clothes on a gooseberry bush and don't go near the water!

In despair the Young Man writes thus to the British Medical Journal (26/11/1921):—

> "It is established, then, that more than half our male population, at any rate, are venereals. To those people who would damn us as social outcasts the retort is obvious—it is ridiculous to maintain that half our male population are blackguards. They are not, but are merely Average Young Men. Of those people among whom I live in the suburbs of London, the vast majority are as regular in their illicit sexual intercourse as they are in their football and cricket. Now the majority of Young Men in suburban London are quite decent-living, law-abiding and hard-working citizens. To address us from the moral aspect is waste of time—we do not consider it immoral—but we are fully alive to the terrible dangers of Venereal Disease to us and to the State."

Personally I do not agree in the very least with this young man's view of "morality," but it is a view held by many men. In confirmation, I quote the following—one of many letters I received from officers and men to whom I wrote asking them to state their views frankly:—

> "In the Field, 12th October, 1917.
>
> "In my opinion London is a far worse place than Cairo ever was, for the simple fact that there is no supervision or regulation of the oldest trade in the world. . . . Women of other nationalities come to London when they can no longer get doctors' certificates in their own country, and this, I consider, the root of all the trouble. . . . I think your idea of a medical club is most excellent, and I do hope it will be a success. I had something similar for my troop when we first landed in

Egypt, and although everyone scoffed at it, I am glad to say that not one of my men was a V.D. case. . . .

"Speaking personally I consider if a man wants to keep fit he MUST have a sexual connection every now and then, and the question of sentiment is not necessary. But then again it is all a question of temperament, and it is very hard to make a definite statement. There are men who would not bother about it if there was no romance attached; and then again there are men like myself who only consider it necessary for the welfare of their bodies. There are other men again who never worry about it unless they have had a jolly good dinner and start out to paint the town, as they imagine, eventually falling into the arms of a tart at the Empire Lounge or some other similar place. . . .

"Summing the whole thing up, though, I think you are striking in the right direction, but you have a very long row to hoe, and it will be an uphill job unless the Government steps in and does something. . . .

"I expect you would hardly credit it if I told you that I have *never* been to a dance in New Zealand—private or public—at which there was not some girl, married or single, who was willing and more than willing. My experience of England has been the same; and if the Governments of all English-speaking countries would only take their courage in their hands, suppress prostitution in the streets, and relegate it to licensed houses, a tremendous amount of the evil would be overcome.

"Cairo has made some attempt at regulation, and at those houses where the girls were medically examined there was never much fear of contagion; but in the poorer quarters, such as the Wazza District, there was practically no supervision at all, and the state of things was extremely bad. But I maintain they were no worse than London is now.

"I hope next time I hear from you that you will be able to tell me of further progress and if it would be of any assistance to you, you can show this letter round to anyone you like, with my signature."

However much we may differ from such men, it is quite obvious that they are willing to keep themselves clean. By what right do we withhold from them the knowledge and means of being and remaining free from disease? Because men are immoral, that is no reason why they should be compulsorily poisoned with syphilis and afterwards cured at their own or the public expense.

XI.—ARMY STATISTICS.

The statistics for the American, Canadian, Australian and New Zealand Armies have been worked out fairly accurately. They all show quite definitely that venereal disease can be greatly reduced by disinfection—ablution huts and self-disinfection packets. Success depends mainly on *confident and efficient instruction* and *adequate provision of suitable disinfectants.* Sometimes, as I have said, in Paris we were entirely without supplies. At other times we were very short of supplies. In other cases the supplies sent were useless. For example, I had sent to me officially one case of 5,000 prophylactic packets —about 15,000 or 20,000 tubes—which I had to destroy. With the calomel ointment, *two per cent of thymol* had been mixed, and application was so painful that the men refused to apply the ointment at all—swore that the Medical Officers had "done it on purpose," etc., etc. Thymol was supposed to be a powerful germicide, but the bacteriologist (Dr. D. Thomson) of St. Paul's Hospital, London, tells me it is worthless so far as V.D. microbes are concerned. (It has now been discarded by the War Office.) And, of course, when the soldiers failed to apply the ointment they did not have, or the ointment which was entirely unsuitable, and they became infected—that was claimed as another "proof" of the failure of prophylaxis!

As showing the way in which the English Army records have been muddled and misrepresented in regard to the venereal rates, the following horrible examples may be taken—all referring to the BRITISH ARMY OF THE RHINE:—

		V.D. rate per 1,000 per annum.
On May 18th, 1920, Captain Walter Elliot, M.P., was told in a written reply that the rate for the year 1919 was		46.00
On November 3rd, 1921, Parliament was informed this rate had been given "under reserve" and that it was "QUITE UNRELIABLE," and the rate for the year 1920 was ...		188.64
In November, 1920, the War Office wrote to the National Birth-rate Commission saying that "the latest figures available are those for the QUARTERS ending June and September last, which show a contraction rate of 53.79 and 38.38 respectively," which equals an annual rate for these quarters:	1920 (June)	215.16
	1920 (Sept.)	153.52
Various other figures have been giving during 1921 and 1922, and on April 19th, 1923, Parliament was told that the rates for the Rhine Army were as follows:	1921	212.34
	1922	213.53
Whereas the rates for the BRITISH ARMY IN CONSTANTINOPLE were as follows: ...	1921	228.48
	1922	83.41

"The same methods of medical prophylaxis were followed at each of these commands," says the official report stolidly.

But were the methods followed with equal efficiency in both places? Obviously there must be something to account for the fact that in Constantinople only 8 per cent. of the troops became infected per annum, whereas in Cologne 21 per cent. became infected. In Cologne we have a crazy exchange rate of money, abundant alcohol, swarms of diseased women, tolerated houses out-of-bounds, and men billeted with German families or obtaining leave-of-absence so easily as to facilitate their frequently sleeping where they like. These conditions are not identical with those of Constantinople, and not one factor but every factor making for control of venereal infection is necessary and desirable. Nevertheless, the contrast between Cologne and Constantinople requires investigation and explanation.

What is much more unaccountable is the contrast in the relative venereal rates for the British Forces on the Rhine and the American Forces on the Rhine. The rate quoted in the House of Commons on April 19th, 1923, for the British Forces for 1921 is 212.34 *per* 1,000 *per annum*. In 1921 I was in communication with Colonel F. R. KEEFER, M.C., Office of Chief Surgeon, Headquarters American Forces in Germany, and received from him the following letter:—

"Your sustained interest in our efforts directed towards the prevention of venereal disease is appreciated. The use of an ointment or cream as a protective and lubricant before intercourse has been insisted upon by us for some time. The printed directions which are securely pasted to the container in which all individual prophylactics are issued are specific on this point. It is without doubt a preventive measure of great value. The principle has been made use of by mechanics in the preliminary preparation of their hands with soap before work. *Our chief difficulty lies in getting men to use prophylaxis* (either personal or at stations), and this in spite of the fact that all men who acquire venereal disease without having taken prophylaxis at stations are brought before courts-martial. With reference to your remarks concerning the report that diseased women are being emptied out of the American Area into the British Area, these are the facts:—

"Between December 13, 1920—April 15, 1921 inclusive, 654 young women have been convicted of vagrancy.

"Of this number, 160 gave addresses in the British Area, as follows:

Cologne 119. Other places 41.

"It is the policy to return these girls to the places which they designate as their homes. As far as is known here, no girls are sent into the British Area other than those who originally came from there.

"You may be interested to hear that the annual rates per 1,000 for venereal disease for the American Forces in Germany for the weeks ending April 1st and April 8th were 76.26 and 79.74 respectively.

"The correspondence enclosed by you has been read with interest. Your enthusiasm in this matter, which is so vital to the future welfare of our race, is worthy of great commendation and deserving of success. We are exerting our best efforts to carry on here."

NOTE.—American rates—V.D. rate per 1,000 per annum.

January, 1920 to October,	1920	...	142.00
November, 1920 to April,	1921	...	114.00
Week ending April 1st,	1921	...	76.26
Week ending April 8th,	1921	...	79.74
Quarter ending June,	1921	...	87.50

The general position, briefly, is that the venereal rates among British soldiers on the Rhine have been approximately TWICE AS HIGH AS THE RATES FOR THE AMERICAN SOLDIERS ON THE RHINE. Why should Cologne be so much more unhealthy than Coblenz? The British rate shows out very badly in the following table:—

		V.D rate per 1000 per annum.
New Zealand Forces in France, ...	1918 ...	60.00
New Zealand Forces in U.K., ...	1918 ...	90.00
Australian Forces in France, ...	1918 ...	62.50
Australian Forces in U.K., ...	1918 ...	147.50
Canadian Forces in U.K., ...	1918 ...	81.60
BRITISH FORCES ON THE RHINE,	1921 ...	228.48

These records may also be usefully compared with the following:—

Canadian Forces—Admission rates for V.D. per 1,000 for U.K.

	Per month.	Per annum.
1915	18.50	222.00
1916	17.45	209.40
1917	9.50	114.00
1918	6.80	81.60

(Issue of Calomel tubes begun April, 1917.)

And this again tallies with the American War Department's official statement in December, 1919, that two-thirds of the venereal cases can be obliterated by efficient disinfection, and is again confirmed by the figures for the New Zealand Forces in 1918—1,000 New Zealanders out of action on the average for 1917 *without self-disinfection*, and only 400 on the average during 1918 *with self-disinfection* being fairly well taught and provided for, though conducted in the teeth of religious and political hostility, personal carelessness, military laxity, destruction of supplies in the War Zones, and various other disadvantages peculiar to Active Service Abroad.

As to the New Zealand results as a whole, I quote the following report of the Prophylactic Instructor to the New Zealand Division in France to show some of the special war-time difficulties:—

"Paris, July 15, 1919.

"In reply to your letter of last week: The following are the facts with regard to PROPHYLAXIS in the NEW ZEALAND DIVISION:—

"In 1914, 1915, 1916 and 1917, the N.Z. Division had no issue of prophylactics, and we had always about a thousand men out of action with V.D. A free issue of prophylactics was ordered by the Administrative Commandant in December, 1917. His system was good, but it was never put into effective operation in U.K., except in a few local camps. In France there were some thousands of New Zealanders attached to English units; the system was not applied to those men, and they did not receive outfits when going on leave in the majority of cases. The system was fairly well applied to the New Zealand Division in France, so far as the exigencies of Active Service permitted.

"From January, 1918 to November, 1918 I was in charge of the prophylactic work in the New Zealand Division in France. My duties were to supply and instruct men going on leave or absent from the Division for any other cause—roughly about 80 or 90 men per day. First I advised them to avoid all risk of infection (advice which about ninety per cent. of them ignored), and Second I instructed them in the proper

use of the New Zealand outfit (Calomel Ointment capsules and pot. permang. tabs.). Wherever we succeeded in administering our scheme properly, V.D. was reduced to vanishing point—wilful infections and drunkenness accounting for nearly all the failures. The reports of the officers in chief command of the New Zealand Division in France amply prove that V.D. was lower in the Division in 1918 than it had ever been before.

"The following are some of the difficulties we encountered owing to to Active Service :—

"1.—Division was in heavy fighting almost all 1918, and after August, 1918, was advancing rapidly almost daily. Leave Camp constantly on move to keep up with Division—therefore whole drafts of men going on leave were missed; 80 men might go on leave, and I saw none of them.

"2.—Leave men often reached Camp very late at night and left at dawn—therefore missed instruction and issue.

"3.—Division was often short of supplies of prophylactics and sometimes without these for periods varying from three days to three weeks; wet weather sometimes destroyed our supplies.

"4.—Pay and Equipment Parades cut into lecture-time, and I had sometimes only a few minutes to issue outfits to the men and give instruction.

"5.—On the average only about half the men leaving the Division during 1918 passed through my hands—the other half was missed.

"In September-October, culminating in November, 1918, an organised system of obstruction and interference was carried on by the ecclesiastical party, to cast doubt in the men's minds as to the efficacy of disinfection. This party succeeded in November, 1918, in practically stopping supplies and instruction. V.D. immediately rose. I was ordered to stop my work on November 17, 1918, and for the month of December, 1918, and January and February, 1919, I did nothing at all. I was demobilised in England in March 1919. In June, 1919, I was sent to the New Zealand Camps in Wiltshire, as a voluntary lecturer, because of the alarming increase of V.D. among New Zealanders in U.K. I found that practically no outfits were being given out, and there had been no proper prophylactic instruction for months—nothing but the usual warnings and good advice. I got this evidence directly from the men themselves in audiences sometimes running up to a thousand men. There were plenty of outfits in the N.Z.H.Q., London, but they had not been applied for by the local camps.

"The experience of the New Zealand Division shows that in peacetime practically all men can be relied upon to keep themselves clean, provided they are instructed in a decent, responsible and confident way, and the means of disinfection are made readily available."

In the prevention of disease, however, the very best results were obtained among the Anzacs on leave in Paris in 1918, as the following figures show (figures obtained officially from the Medical Officer—a Canadian doctor—at the Report Centre for British Troops, Paris) :—

			No. of infections
June—November, 1918 : *Five Months* : abundant supplies of disinfectants available.	ANZAC INFECTIONS		20
November—December, 1918 : *Five Weeks* : supply of disinfectants temporarily cut off.	ANZAC INFECTIONS		24
August—September, 1917 : no disinfectants. 5,000 troops on leave in Paris.	TOTAL V.D. INFECTIONS		1038
October, 1918. Disinfectants supplied. 5,000 troops on leave in Paris.	ANZAC INFECTIONS	3	
	ENGLISH, etc. ...	42	
			45

Much capital has been made by Archbishops and others of the wickedness of supposing that the majority of men do need

calomel tubes. Here are the facts. In "PUBLIC HEALTH" for September, 1918, there is published a report of a paper read at a military conference in Paris in April, 1918, by Captain H. L. Walker, of the Canadian Medical Service—the M.O. i/c Report Centre for British Troops, Paris—which explains the method of issuing calomel tubes. There was no nonsensical farce about tubes being "made available"—they were definitely offered to every man, but every man had the option of refusal, and this was the result:—

> "*The number of men who refused the tubes was about one in a thousand.*"

Are we to base our system on the 999 who accepted or on the 1 man who refused?

I issued thousands and thousands of packets of disinfectants to Australian and New Zealand soldiers in Paris, and only one man—a New Zealander—refused to take a packet from me—this on religous grounds. I recorded his name, and afterwards ascertained from the Medical Officer at the Barracks that he contracted gonorrhoea in Paris! Of course this experience does not prove that every Anzac in Paris had sexual relationship whilst there. Some did not. But they all had sufficient sense to know that it was wiser to carry a "town dressing" for the protection of themselves or their mates. A man had no more right to go into a venereal area without disinfectants than he had to go into a gas area without a box-respirator: that was the view we all took in Paris in 1918-19. And to that conviction many a soldier's wife owes her present health, and many a soldier's baby owes its sight and hearing—its joy of life from birth to death.

As to the argument that soldiers are "under discipline" and therefore can be instructed in prophylaxis, whereas civilians are not—that is absurd. Soldiers on leave are not "under discipline"—especially when consorting with women; and civilians suffer so much more from loss of time and money and employment and prestige than soldiers do, that they are naturally far more anxious to protect their health—and would certainly do so if they were given the right knowledge in the right way. For the civilian the choice often is: keep clean and keep your job. For the soldier: Keep clean and be shot! Naturally also civilians tend to be constant in their relations with one woman; soldiers tend to be casual in their relations with many women. Thus twenty civilian relationships might be really only ONE RISK: both man and woman being constant to one another; whereas the soldier incurred not merely TWENTY RISKS, but perhaps twenty times twenty, for both soldiers and women were continuously inconstant—*i.e.*, genuinely "promiscuous." Thus the problem of protecting the health of civilians is, for these and many other reasons, much

less difficult and complicated than the problem of protecting the health of soldiers; and the failure to protect the civilians thus becomes a greater disgrace to the whole community than any example of military laxity or inefficiency can possibly be.

More than this. The soldier, during War, has an honourable exit—the civilian has not. Many a hero—doubly courageous and self-sacrificing — who had been "unlucky" on leave deliberately courted death on returning to the Firing Line. Literally it was "Over the top and the best of luck" for him. A grateful country has inscribed his name on the Roll of Honour —and rightly so. He has saved others: himself he could not save. From him was suppressed the Knowledge of Cleanliness that would have protected Health, Happiness—Life Itself. Would that the tear we drop on his Nameless Grave could melt the cold hearts and puny souls of those who drove him to his Doom!

XII.—CONCLUSION.

After Paris, I spent a year working under the auspices of the American Red Cross in the Devastated Regions—mostly at Villers Bretonneux, feeding French school-children, looking after Allied soldiers, and running a Club for the Graves Detachments. Drunkenness and disease and demoralisation—Lust and Plunder everywhere: the back-wash of War! Three-fourths of the casualties in the Graves Detachments were—venereal infections. Prophylaxis was hardly anywhere efficiently provided for. Several Graves Officers assured me the rate was "only about 3 per cent."—and seemed quite surprised when I pointed out that was equivalent to 300 *per* 1,000 *men per annum*—higher, in fact, than the Australian rate in Cairo in the early days of the War.

Then in 1920—to London: to drive home the fact that DISINFECTANTS DO DISINFECT. This knocked the breath out of all the folk who were relying on dirt rather than cleanliness to reinforce virtue. Ultimately the National Council hatched this rejoinder, and issued it in a Presidential Address by Lord Gorell, in November, 1921:

> "I came across a pithy sentence which seems to me perfectly true," says Lord Gorell.

Now, listen carefully to this "pithy sentence" which to the Noble Lord seems "perfectly true"—Hark!

> "'*A disinfectant does not disinfect in the hands of an unintelligent person any more than a typewriter types in the paws of a baboon.*'"

That is to say, chemical action can be neutralised by—Intelligence—oh, no—by *Unintelligence*! Isn't that a wonderful discovery? Formerly ordinary mortals had supposed that a disinfectant was a substance that disinfected—that it made no difference whether that disinfectant was on the paws of a baboon or the genital organs of *Homo sapiens*—the chemical action was just the same. The microbes of venereal disease were destroyed. Applied quickly, suitable antiseptics were certain to have this action—they simply picked up and killed the microbes before they had a chance to penetrate. Actually, of course, the V.D. microbes are very delicate and quite easily destroyed. It is DELAY THAT IS DANGEROUS. Typewriters and baboons have nothing at all to do with the matter.

In fact, when one remembers that Metchnikoff's original experiments with calomel ointment were carried out on chimpanzees, monkeys and baboons, that still further takes the pith and perfection out of this lordly example of false analogy from the Past-President of the National Council.

N.B.—The Ministry of Health in the same year (1921) has this item on its statement of expenditure:—

> "£11,700 paid to the National Council for Combating Venereal Diseases in respect of propaganda work approved by the Department."

How much of it was spent in hatching pithy sentences of perfection?

Of course, it is frankly admitted, within proper limitations, that intelligence is necessary in the application of all antiseptics. If a man rubs calomel ointment on the crown of his head, *e.g.*, that won't prevent his genital organs becoming syphilised. Nothing acts excepting where it is, and men need personal instruction. But one may ask:

> Is the prohibition of printed instructions being issued with calomel tubes grounded on the FEAR OF FAILURE or on the FEAR OF SUCCESS in the prevention of syphilis?

Are the people who let loose this insipid irrationality and complacent futility aiming at preventing disease or preventing sexual intercourse? Let us know where we are. If all they wish to do is to prevent sexual intercourse, why not say so? Those of us who have studied the Venereal Problem most carefully are convinced that no headway can be made in preventing disease till the medical and moral issues are completely separated, and that generally speaking the world will be neither better nor worse morally by the elimination of venereal disease. Why is there so much striving after the maintenance of the mischievous entanglement of the two issues? Why so much poison-gas spread about the alleged "failure" of prophylaxis?

Is syphilis a dirt-disease or a just-punishment?

If a punishment—think on this picture:

> *A tiny baby sitting all day in its chair before the window, waving its little hands to and fro—to and fro—to and fro—between the light of Heaven and what should have been its own bright eyes. Just a blur was all the babe could see. Blind from birth. Its father—syphilitic!*

And on this:

> *A new-born babe thrilling its mother's heart with the first cry for nourishment. Three days later its eyes two red and yellow sockets of pus—screaming in its agony, every scream a crucifixion of the mother's soul. Latent gonorrhoea in the father the cause of the tragedy.*

Without sin these tiny ones were. Blind they would never have been if only the father had been—CLEAN.

Disease, Disablement, Mental Anguish and Physical Torture, National Deterioration—Death Itself: all these surround and penetrate the Venereal Disease Problem. The weeping of women who have done no wrong: the cry of innocent babes too young to know how they suffer—and why: cannot these guide and direct our steps from the Swamps of Dank Ignorance and Cruel Prejudice? Is it too much to ask that we shall all be clean?

> *"If the prophet had bid thee do some great thing, wouldest thou not have done it? How much rather then, when he saith to thee, WASH, AND BE CLEAN?"*

And if not—?

> *"The sins of the fathers shall descend upon the children even unto the third and fourth generation."*

AND MAY THE LORD HAVE MERCY ON OUR SOULS!

PRACTICAL ADVICE.

DON'T go with a number of women. Be constant to one.

DON'T have sexual relationship when you are in liquor.

DON'T neglect to use ointment or suppository BEFORE connection; that greatly reduces risk of disease.

DON'T fail to cleanse yourself thoroughly IMMEDIATELY after *each* contact. It is delay that is dangerous.

DON'T think men or women of easy virtues are "safe"; they never are.

DON'T forget you are NOT SANE when you are having contact with strangers. If you were sane, you wouldn't do it.

DON'T postpone seeking proper medical treatment if you are diseased, or even if you think you are.

DON'T poison somebody else with your own disease; it is just as wicked to take away their health as to take away their life.

DON'T listen to anybody who tells you that gonorrhœa is "no worse than a cold" and "syphilis is easily cured." *Both* of these diseases are filth diseases—easy to prevent but *very difficult to cure, especially in women.*

DON'T listen to those who tell you "disinfection is a failure": they don't know what they are talking about.

DON'T forget that sexual intercourse cannot be enjoyed properly BY THOSE WHO ARE DISEASED.

DON'T run unnecessary risks. It's madness to do so.

ALWAYS REMEMBER:

THE BEST WAY OF PREVENTING VENEREAL DISEASE IS

TO STOP IT BEFORE IT BEGINS

QUESTIONS AND ANSWERS.

1—*Can vice be made absolutely safe?*

No, but disease can be prevented with almost absolute certainty by cleanliness and immediate self-disinfection.

2—*Will this encourage vice?*

No. Dirty men and women are more immoral than clean men and women.

3—*Do all men who are immoral become diseased?*

No—some escape by luck. It is much better to rely on self-disinfection.

4—*What disinfecting lotion should men buy?*

Potassium permanganate lotion 1 in 2,000 is very good and very cheap. Lysol is also good, and most antiseptics.

5—*Are such lotions suitable for women for douching?*

Yes. They should be used weak and retained in passage a few moments.

6—*Is soap and water a preventive of V.D.?*

Yes, especially if grease has been used beforehand. Then the soap gathers up the film of grease, etc., and cleans the parts thoroughly.

7—*What is the best disinfecting ointment?*

Calomel ointment. PROSELDIS calomel ointment combines the best Army, Navy and general medical experience. It is soothing as well as protective; a non-irritating efficient preventive of disease. In America various calomel ointments are sold under authority of the Director, Venereal Disease Division, Department of Health, Harrisburg, Pa., from whom a complete list is available. One of the best known is Andron, manufactured by the Andron Hygienic Company, Inc., 120, West 32nd Street, New York City. Andron is sold with full printed directions at all drug stores—25c. per single tube; one dollar for five tubes.

8—*Are disinfecting suppositories useful for women?*

Yes; they protect women very considerably, and if properly made are soothing and non-irritating as well as disinfective. PROSELDIS suppositories are efficient preventives.

9—*Are there any efficient non-greasy suppositories?*

Yes, these are made for TROPICAL CLIMATES particularly. They are effervescent tablets (PROSELDIS) for vaginal use, and are protective and non-irritating.

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